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AMERICAN
JOURNAL OF INSANITY,
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PROGRESS IN PROVISION FOR THE INSANE. 1844–1884.*

BY W. W. GODDING, M. D.,
Superintendent of the Government Hospital for the Insane,
Washington, D. C.

After an organized existence of forty years, the Association of Superintendents of American Institutions for the Insane, embracing, as it does, the medical heads of more than one hundred hospitals and asylums for the care and cure of this unfortunate class, scattered throughout the English-speaking States of North America, is asked to give an excuse for being. To us, its individual members, comes the question: "What are you doing in the Master's vineyard?" It is not the occasion of the fortieth anniversary of its organization, alone, that demands to know this; it is the questioning spirit of the age which asks of law, "By what authority?" Of science, "What use?" Of religion, "What claims to our devotion?" It is time to take an observation and see what speed the good ship launched forty years ago has made, and how and where and whither she is now drifting.

So we come back to the old home and stand here in the wonted places to give account of our stewardship.

* Read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884, as a part of the Memorial Exercises of the Fortieth Anniversary of the Association.

Time makes sure progress and whatever else may retrograde, human life moves on, but, thank God, one of the old thirteen who held that first meeting is here to preside to-day.* Dr. Butler, of Hartford, Conn., Dr. Stokes, of Baltimore, Md., and Dr. Chandler, of Worcester, are the only other men living who were superintendents of institutions for the insane in America in 1844. But forty years is the working life of a man, and when we remember that forty years ago these men were already sufficiently advanced to be at the head of their institutions, the wonder is not that these alone survive, but that they had not all long since ceased from their labors. The past is theirs, the present is ours, the future will belong to others. In making our excuse for being, I have been assigned to state what progress forty years have shown in provision for the insane.

What was the special provision that had been made for this class in America prior to 1844? The first distinct hospital for the insane was opened at Williamsburg, Va., in 1773, although the provision of a separate ward for the insane was made in the Pennsylvania Hospital at Philadelphia, as early as 1752. In 1844, Virginia was the only State that could boast of more than one State institution for the insane, viz.: The one already mentioned at Williamsburg, and a second at Staunton. New York had only the year before, in 1843, built her State hospital at Utica, although the city of New York had provided a receptacle for her lunatics on Black-

*Dr. Pliny Earle, of Northampton, Mass., President of the Association. The Association was organized at Philadelphia, Pa., in October, 1844; present, Drs. Samuel B. Woodward, Luther V. Bell, C. H. Stedman and Dr. N. Cutter, of Massachusetts, Dr. Isaac Ray, of Maine, Dr. John S. Butler, of Connecticut, Drs. Amariah Brigham, Samuel White and Pliny Earle, of New York, Dr. Thos. S. Kirkbride, of Pennsylvania, Dr. Wm. M. Awl, of Ohio, and Dr. Francis T. Stribling and Dr. John M. Galt, of Virginia. Of these only Drs. Butler and Earle, survive.

well's Island, in 1839, while the Bloomingdale Asylum was established in that city with distinct buildings in 1821, having long provided for them in wards of the New York General Hospital, and Dr. MacDonald had a private home for the insane in New York city, and Dr. White a similar institution at Hudson, New York, in 1844.

Pennsylvania had no State hospital in 1844, but the Pennsylvania Hospital for the Insane at West Philadelphia was already famous, and there was the Friend's Asylum at Frankford, Pa. The Blockley Alms-House of Philadelphia, had not then opened its insane department as a distinct building.

The great west, north of the Ohio River had, in 1844, but a single hospital for the insane, that at Columbus, Ohio, opened in 1839. New England had quite a number of these institutions. In Massachusetts there was one State hospital at Worcester, opened in 1833. The city of Boston had established a hospital for lunatics at South Boston, in 1839. The McLean Asylum at Somerville, was opened as early as 1818, and Dr. Cutter had a private retreat at Pepperill. Maine opened her State hospital at Augusta, in 1840, and New Hampshire at Concord, in 1842. Dr. Rockwell, at Brattleboro, Vt., had been carrying on an asylum since 1837, which, though not strictly a State institution, provided for the insane of Vermont. At Hartford, Conn., a similar provision was made for the State insane at the Retreat under Dr. Butler. The Butler Hospital at Providence, R. I., building, but not opened for patients, was in charge of Dr. Isaac Ray, a name that had even then been heard in two hemispheres. Maryland, as early as 1816, had founded a State hospital at Baltimore, where was also the Mt. Hope Asylum, under the management of the Sisters of

Charity. South Carolina had, as early as 1827, established her asylum at Columbus. Kentucky still earlier, in 1824, at Lexington. Tennessee at Nashville, in 1840, while Georgia was just opening one at Milledgeville in 1843.

This, so far as I have been able to learn, were all the institutions for the insane in operation within the limit of the United States at the date of the first meeting of the Association. There was a single hospital within the British Provinces, at Toronto, Canada, opened in 1841. Twenty-five in all, of which, thirteen only, were distinctly State hospitals, having in 1844, a population of about fifteen hundred insane, out of some seventeen thousand in the country; the insane being then estimated at one to every thousand inhabitants. As one year later the number of the insane in these hospitals had risen to more than two thousand, it is probably safe to estimate their capacity as fully twenty-five hundred. But even placing the accommodations afforded by these twenty-five State, private and corporate establishments as high as three thousand, which would certainly be their limit, there would still remain more than four-fifths of the insane to be provided for in alms-houses, in jails, in cages or adrift at large in the community.

This was the provision for the insane in 1844. It is worth the while to run over the list of the twenty-five superintendents, more or less, of that day, and see what names are there. In the list of the thirteen present at the first meeting, omitting those of the two living ones, whom usage forbids to eulogize, I read Amariah Brigham, Samuel B. Woodward, Isaac Ray, Luther V. Bell, Francis T. Stribling and Thomas S. Kirkbride. Each one a giant—"there were giants on the earth in those days." Now, you and I are considered to be equal to

a superintendency; but I am asked to speak of the progress in provision for the insane, not of the progress in their superintendents.

In 1884 I find that the institutions of all kinds for the care of the insane in America, have increased more than five-fold since 1844, but in the meantime the ratio of the insane to the whole population, has risen from one in every thousand then, to one in every five hundred now, so that to-day there is probably not less than one hundred thousand insane within the limits of the United States. The increased provision will probably afford good accommodation for thirty thousand inmates, and at the date of the United States census in 1880, forty thousand nine hundred and forty-two were crowded into these hospitals, including the insane departments of alms-houses, leaving the majority still to be provided for, as in 1844, indiscriminately huddled in alms-houses, in jails, in cages, and adrift in the community. Thus far only, then, have we come with our progress in provision, in forty years.

Now, I assume that you do not expect me, as the statistician of this occasion, to occupy your time in telling you, for example, just how many hospitals have come into existence in the great north-west within the last forty years; what palaces for lunatics have crowned the bleak summits of Massachusetts; at what cost per capita, most complete and elaborate structures for the insane have arisen from the sands of New Jersey; how a State unborn in 1844, after sending a commission through the world in search of information respecting the dwellings and the care of the insane, has, beyond the Rocky Mountains, embodied in brick and stone, the result of all that research and labor for the benefit of her insane. To say that whereas, it was the exception to find a State provided with an institution for the

insane then, now it is the rare exception to find one without, all this would be an easy task, a pleasant glorification for the hour; but I was the last man to have been called on for this—indeed, I can not doubt but you wonder, as I do, where there were so many able and ready to speak from personal knowledge of the history of the provision for the insane, and the progress of this Association in the past, why I, still comparatively of yesterday, was called upon at all. Certainly, if I read the signs of the times aright, it is not the statistics of hospitals, the mere mathematics of progress in provision for the insane, that this occasion demands. The question that we are called upon to answer to-day is, what is the real progress, if any, which has been made during the last forty years in our provision for the insane in America, in its completeness and in its character? It is that which I am here to discuss.

And, before I begin to speak of things that may, perhaps, seem to imply censure of ourselves, I want to say that the modern fashion of laying the blame of all the omissions in the way of provision for the insane in America, at the door of this Association, wont do. Boards of State Charities, like ourselves, too often theoretical rather than practical; legislatures, alive to the political requirements of party, but dead to the real needs of a commonwealth; a sovereign people, indifferent also, to true economy in the future on this growing problem of insanity and pauperism, while only anxious to escape from present taxation and expense: all these should come in for their share of the censure which is now cast on this Association by those who either do not know the facts or who are unwilling to admit them. "Let every ass bear his own burden." The medical superintendents of institutions for the

insane as a body, individually and collectively, and without a single exception, have put themselves on record again and again as demanding that the State should make the best possible provision for every insane person within its jurisdiction, whatever the form of the disease, acute or chronic, curable or incurable. The brethren have stood shoulder to shoulder on this high ground of principle, as against all comers from the realm of mere expediency, and whatever difference of opinion may have existed in regard to the detail of such provision, or whatever errors of construction may have chanced to have been embodied in that provision, if errors at all, were those of the head and not the heart, which has beat ever in sympathy with the unfortunate insane of all classes and in all stages of the disease.

I find that the pioneer company of thirteen earnest men who came here forty years ago to lay the broad foundations on which they themselves and their successors, and those who shall come after us might still find room in building that "psychopathic hospital of the future," as Dr. Earle has styled it, wherein shall yet be gathered all classes and conditions of the insane, I find, I say, that these were live men, and appointing at that first meeting no less than sixteen committees; they laid out work for future report in every field of the specialty, and thus early started questions which forty years have not sufficed to answer. On this very matter of provision for the insane there were no less than five of these committees, and it is worth while with reference to the fullness with which they covered the whole ground to give them here, together with the names of those who were then called on to make the reports:

On construction of hospitals for the insane: Drs. Awl, White, Bell, Butler, Galt, Ray.

On the support of the pauper insane: Drs. Stribling, Bell, Ray.

On asylums for idiots and the demented: Drs. Brigham, Awl, White.

On asylums for colored persons: Drs. Galt, Awl, Stribling.

On the proper provision for insane prisoners: Drs. Brigham, Bell, Earle.

This does not look as if the fathers expected that one roof would cover them all. At that time it had not occurred to the members of this Association that it was necessary to have "propositions" authoritively enunciated on any subject. Each one was doing conscientious work for the insane in the way that seemed best adapted to the varying circumstances of that class in his own special field of labor, and they met to compare notes and encourage each other. I very much doubt if it occurred to any one of them, that his way—very likely the best way for him—should be stereotyped and cast into propositions to be held up as the only way for another, forty years later. In the early days of a religion men go to the stake for a belief so simple and so firmly held that they write it down only in their lives; in the latter stages of that religion's development, zealots get together and crystallize out their waning beliefs into written creeds. I shall not permit myself to say here that the famous "Propositions of 1851" were not the very best that could have been enunciated at that time in regard to the proper provision for the insane in hospitals, if indeed one is required to enunciate anything. When I come to reverently lay a garland on an altar of the past I certainly shall not rudely attempt to overturn it, but we may be

permitted to regret that the religion which reared it has become extinct. There is always that danger in regard to propositions.

From the adoption of the propositions of 1851, I date the first era of real progress in provision for the insane within the last forty years. These propositions embodied the most approved ideas in regard to hospital construction and arrangement, and so afforded a basis for most liberal plans of which the States about to build hospitals wisely availed themselves. They were the result of the careful study and conscientious work of Dr. Kirkbride, one of the ablest of that remarkable group of men who organized the Association; one who, after a long life of the highest usefulness, in this, his chosen field of labor, has but recently gone from us, and just when we had all hoped he would be present to welcome us here, is himself welcomed elsewhere. His eulogy will be pronounced by abler lips than mine, but as has been said of one of England's greatest architects on his tombstone:

"Si monumentum requiris, circumspice."

Do you seek his monument? Look around you in every State and behold the hospitals which are justly the pride of each community, and yet they all bear the impress of his mind in their completeness of appointment, their symmetry of form and liberality of provision, and, so long as the brick and mortar which compose them shall endure they will stand as a memorial of him. And yet, I think, his life-work among the insane will stand longer and be a better monument, for the architecture of hospitals will change and become obsolete, but the record of a life well spent in the service of suffering humanity is something time can not wither.

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In the decade following 1851, the date of the adoption of the propositions on hospital construction by the Association, no less than twenty-six institutions for the insane were opened in America, or one more than the total number in existence at the date of the organization of the Association. This seems the very golden age of progress in provision for the insane. So far as I can learn the propositions furnished the basis on which the great majority of these hospital buildings were planned and erected, and in their admirable arrangements and liberal provision for two hundred patients, the number to which these propositions limited the provision in one hospital, they are almost models to-day.

Within this, which I have designated as the first era of progress in provision, since 1844, I note two marked departures of special progress deserving of particular mention here. The first, in some respects, the greatest advance in provision that the forty years have shown, was the opening, in 1859, of the Asylum for Insane Criminals at Auburn, N. Y. It seems but proper to state here that it was mainly due to the individual efforts of Dr. John P. Gray, of Utica, the late President of this Association, that this distinct provision for the convict and criminal insane of New York was made. Surely it can not be necessary, at this late day, to explain wherein this represents true progress in the history of our provision for all of the insane. The enlightened spirit of the age, in the name of humanity, demands the separation of this class, and it is humiliating to think that thus far the progress is in example only, and that after a quarter of a century of such example this remains the only institution of this kind in America.

The other departure, within this first era, was the opening, in 1860, of Dr. Kirkbride's department for

males, making at the Pennsylvania Hospital for the Insane, a distinct provision, complete in all its appointments, for both sexes. The advantage of such separate provision for each sex had been ably set forth by Dr. Galt, of Virginia, in a paper published in 1855.* This departure was a real progress looking to greater freedom and special arrangements for the comfort and care of each sex; it has stood the test of experience and is deserving of more universal adoption; it is progress that will continue to progress.

It must not be understood that this first era showed no progress in the minor details of hospital provision. In the older institutions stone cells were torn out, bay windows projected, paint displaced whitewash to some extent, certain prison aspects were gotten rid of, while marked improvements in light, heat and ventilation were introduced. It is noticeable that the ideas of what the provision for the insane should be were regarded as authoritatively settled by the Association. Heresy was not tolerated in those days and whoever meddled with the ark of hospital construction was stoned. It is interesting, and in the light of modern changes instructive, to note in the proceedings of the Association, in 1855,† how an erring southern brother, Dr. Galt, of Virginia, was dealt with on this subject. Whoever reads the "Farm of St. Anne"‡ now, will find a picture not wholly uninviting by contrast with what he may happen personally to remember of certain prison-like aspects in the midst of all the comfort and elegance of the New England hospitals of that day, but after the

*"On the propriety of admitting the insane of the two sexes into the same lunatic asylum. By Dr. John W. Galt, M. D."—JOURNAL OF INSANITY, vol. xi, p. 224.

† See JOURNAL OF INSANITY, vol. xii, p. 39.

‡ "The Farm of St. Anne," by John M. Galt, M. D.—JOURNAL OF INSANITY, vol. xi, p. 352.

reception it met with at the meeting of the Association, it is certain that no "St. Anne's Farm" in America marked an era of progress in provision for the insane of that generation.

The second era dates from the year 1866 and opens up anew the whole subject of hospital provision. Only fifteen years before the Association had unanimously agreed upon the proposition limiting the provision of any one hospital to two hundred patients. In 1866 many of the hospitals built on that plan were already crowded with more than three hundred inmates, the alms-houses were full, what was to be done? It was plain that whether the step to be taken was an advance or retrograde one in the provision for the insane, the day of limiting hospitals to two hundred patients had passed, for necessity knows no law and here was the fact of the overcrowding.

The change was decreed, if not in the Association, in the inexorable logic of events, and yet, even after this lapse of time I confess that I approach the subject of asylum buildings in America, in the presence of the revised edition of Dr. Kirkbride's "Hospitals for the Insane," very much as the degenerate descendant of Hellas may be supposed to contemplate the masterpieces of ancient art at Athens. The Parthenon, slow-crumbling on the heights of the Acropolis, still challenges the admiration of the world as the highest exponent of Greek architecture, although for two thousand years the power of Pericles who reared, the hand of Callicrates which fashioned, and the brain of Phidias that created it, have been dust. The modern Athenian venerates this imposing structure as a noble monument of the past, but he does not look upon it as a habitation, indeed he would be very sorry to be compelled to live in it, for what was both beautiful and serviceable once, has only beauty now.

So, while men sleep and wake and dream again, the world moves on, and the men of '66 awoke to the consciousness that the ideally perfect hospital of the father's worship, so admirably fitted for two hundred patients, with its two wings and eight wards on either side of a center building, as symmetrical and exactly alike in all details and appointments, as in the world of art were the flattened branches of the willow which drooped above the urn in those sorrowful memorials that ornamented the mantle shelves of our childhood, was yet quite inadequate to provide for the rising flood of insanity that threatened to overwhelm them.

I do not underestimate the value of the hospital of the first era in the past or in the present. The plan was a liberal one, that in many respects it was a most excellent one, is shown by the uniformity with which it has been adhered to through well nigh half a century of hospital construction. It is a great, an abiding work which they have done for the insane in America. Like those temples of old, it was the devotion of noble men and women which reared them; among whose number are names that "the world will not willingly let die." But this was the situation which the men of '66 found staring them in the face, even as it does us to-day; they had magnificent hospitals, but they were filled to overflowing; what was to be done with the twenty odd thousand insane for whom these hospitals had no room? Whose lives were laid in prisons and alms-houses, who wandered about as the "cranks" of society, inured to poverty, indifferent to crime, outcast, vagabond, and ready to perish, but in the name of humanity knocking at the door?

The Association determined to answer the question by the enunciation of principles, which has always been a favorite method of progression with us. Dr. Butler,

of Hartford, Conn., in an eloquent address on the claims of the chronic and presumably incurable insane, delivered before the Association at their meeting in 1865, Dr. Cook, of Canandaigua, N. Y., in a glowing picture of the provision for the insane poor of the State of New York, read at the meeting in 1866, and Dr. John B. Chapin, in an admirable resumé of the whole subject at that in 1867, led the forlorn hope in an appeal for a change in the propositions of 1851 and 1853, a change that involved the enunciation of new ones in favor of distinct provision by the States for their chronic insane, a proposal that was almost unanimously rejected by the Association. And the Association was right; it was time that they had done with enunciating propositions for all time in one decade, that changing circumstances may require to be modified or repealed in the next. But when I say that the Association was right in this, do I mean that Drs. Cook and Chapin were wrong in what they did when they gathered the chronic insane of New York at Willard? Never, never, never. Gentlemen, there are some things that transcend propositions, humanity knows no law, and when Drs. Cook and Chapin accepted, as the highest written law, the decision of the Association that it was "the duty of each State to make ample and suitable provision for all its insane," and that "the incurable should not be provided for in separate establishments," which as the absolute, even though thus far the unattainable good, was the only position which the superintendents, as a body could consistently assume, and then these men, as individuals, went down from New York to Albany and found the chronic insane that the hospitals had cast forth to make room for recent, curable cases, lying, with others whom hospital care had never reached, wounded and bleed-

ing by the wayside, forgotten in alms-houses, festering in cages, loathsome with neglect, ready to say with Job, "to corruption, thou art my father; to the worm, thou art my mother and my sister;" and lifting them out of their degradation placed them in comfortable, inexpensive dwellings, cared for their needs and made them by their labor in part self-supporting in their pleasant home by the lake side at Willard, they had followed the *unwritten* law, afar off from the propositions, yet I think they walked not far from him who "went down from Jerusalem" journeying thus towards Samaria, their practical provision for the insane beginning where the merely theoretical ends, and in their inconsistency with "the propositions" they were simply glorious.

But it was fully realized that some broader provision than had hitherto found sanction in the resolutions of the Association was imperatively needed if provision was to keep anywhere near to the wants of the whole number of the insane in a community, and at this same meeting, in 1866, Dr. Nichols, of Washington, D. C., introduced, ably supported, and finally carried by a vote of eight to six an amendment to the propositions allowing the enlargement of an institution for the insane "to the extent of accommodating six hundred patients." And this, so far as the Association is concerned, was the beginning of the second era of progress in provision for the insane. And again, I say, the Association was right; right, because though they ennunciated a new proposition they thereby took down an old one, and in so doing recognized the principle that propositions, like everything else that is merely human, would wax old and be changed; right, because if there was anything which ought to to be said ex-cathedra in regard to the provision to be made for the insane, it is this, which was faintly shadowed in these resolutions, namely, that conditions and surroundings must always be allowed to

modify the provision, both as to the number to be accommodated as well as the nature of the provision made.

The second era in the progress in provision for the insane, which was marked by the building of new hospitals of magnificent proportions and by extensive additions to old hospitals, built essentially on the Kirkbride plan, has but recently closed, if indeed it is yet complete. This was certainly, in some respects, a grand era of liberal architecture, a generous response on the part of a tax-paying public to the idea of the Association, that the best possible provision should be made alike for all. If we ask ourselves, not how wisely built, but how well, there can be no question of the perfection of the work, though some may deny the fitness. The future historian can hardly fail to be struck with the majestic proportions and the completeness of arrangement of such hospitals, not to mention others, as those at Columbus, Ohio, at Danvers, and Worcester, Mass., and at Morris Plains, New Jersey. They combine the best examples of the first with the extended accommodations and palatial arrangements of the second era. They are doing noble work as hospitals and in view of their sacred mission and the imposing architectural piles which they present, I had almost styled them the cathedrals of lunacy. They indeed deserve to be ranked as monuments to the devotion of the people who hesitated not to expend at the rate of $3,000 per capita for buildings in order that nothing, by any chance, might be omitted which could avail for the cure of the insane. Such temples of philanthropy are creditable to the hearts that reared them, but I think we may set it down as an established fact, that although religion will still require churches and chapels for public service, the world, unless exceptionally, has done building cathedrals either for devotion or philanthropy; convenient places of worship that do not tax the parish too heavily

for their construction will be preferred to more ostentatious fanes.

The third step in the progress in provision for the insane, which may be designated as the era of detached buildings in the construction of hospitals, seems to me to have but just begun. The hospital of the first era, of limited numbers and marked uniformity of wards and arrangements, will doubtless continue to be built here and there, where circumstances, such as a limited population to be provided for, may seem to favor such construction, but not generally. I think also that we may consider the cathedral era as virtually closed, with splendid monuments not likely in this age to be duplicated.

The requirement of to-day is provision for all with reasonable expenditure in the construction of comfortable homes on flexible plans, varied to suit the particular class and condition of the insane for which they are intended. It is certain that we shall no longer be able to satisfy the public who look to us for advice and guidance in this matter of provision, even if we could content ourselves, with anything short of a plan that shall be of practical application to the whole of the insane in a community, not less than seven-eighths of whom will always be chronic cases. In demanding this, society has come to no iconoclastic tearing down of old hospitals. Many of these have been erected at an expenditure that we should not now think justifiable because we thereby leave so many unprovided for, but I certainly would not say that our hospitals for the insane have as a whole been extravagantly built. I am sure that we shall all agree that in one respect the men of the first era built well, nay, even

"Builded better than they knew,"

when they planted these liberal hospitals for curable

cases in the midst of farms and grounds so extensive that they now afford ample room for the asylum homes for the chronic cases, which in future years will grow up around them. Thither tends the progress in the provision of to-day.

As central nuclei around which to develop the varied plans of earnest minds now intently studying the problem of a more general provision than ever before, adapted to every want and varying condition of the insane, we shall still keep and occupy the hospital of the fathers, cherishing so much which was and is excellent, altering only so far as change of time and circumstances make necessary. But while ambitious to restrict rather than to swell the census of individual establishments, we shall not allow any arbitrary dictum of two hundred or six hundred or a thousand even to arrest our provision under one control, if by so doing we may place all our insane under enlightened supervision and humane care. In the progress of provision for the insane we have overstepped the boundary of even our latest proposition. We have done with laws that like those of the Medes and Persians can not be changed even though thereby our brother might be snatched from the lions. This provision is as yet but exceptional, I grant you, but the little leaven is at work that shall ere long leaven the whole lump. At Willard, at Washington, at Kankakee, at Middletown, in Indiana, in Ohio and elsewhere, they are solving in different ways this problem of a universal provision. It is worth while to glance a moment at the variety which is one of the most promising features of the progress.

Go to Willard and see the largest provision that has yet been made for any class of the insane in America. A central hospital belonging to the second era, and then scattered over a splendid farm distinct groups of

buildings of moderate cost, each modelled nearly on the same plan as its neighbor, but well adapted for their purpose, that of caring for the chronic insane of the State of New York. See the work, the intelligent supervision, the comfort and content. See what, under the careful management, the energy and determination of one man, this establishment, in spite of croaking and coldness, and opposition, has grown to be; and tell me, even if you call this a step in retrograde, would it have been well done if any of these had been left to perish? And, answer me this, which is best, the attainable good or the unattainable better?

Come to Washington and see what can be done with small appropriations where eight hours constitute a day's work. See the provision which has there been made with limited means from the start: how more than thirty years ago this departure in the direction of distinct provision, for different classes, had here its origin in the far-sighted wisdom of the then superintendent* who built his heart into his work and so built nothing unworthily, and made here the first distinct, detached building for the colored insane in America, thereby placing his hospital provision outside of the propositions by placing it twenty-five years ahead of his time and abreast of the requirements of to-day. You will find there provision for distinct classes, of varying cost, from $150, $250, to $400 and $500 per capita; provision, which when complete, will include a distinct building for the colored insane, for the convict, for the imbecile, for the working man, for the sick and for the convalescent; the plan varied to suit the condition of those for whom it is designed, but also made to conform to the appropriation available; providing not always what we would, but the very best we could, believing that it was bet-

* Dr. Chas. H. Nichols.

cases in the midst of farms and grounds so extensive that they now afford ample room for the asylum homes for the chronic cases, which in future years will grow up around them. Thither tends the progress in the provision of to-day.

As central nuclei around which to develop the varied plans of earnest minds now intently studying the problem of a more general provision than ever before, adapted to every want and varying condition of the insane, we shall still keep and occupy the hospital of the fathers, cherishing so much which was and is excellent, altering only so far as change of time and circumstances make necessary. But while ambitious to restrict rather than to swell the census of individual establishments, we shall not allow any arbitrary dictum of two hundred or six hundred or a thousand even to arrest our provision under one control, if by so doing we may place all our insane under enlightened supervision and humane care. In the progress of provision for the insane we have overstepped the boundary of even our latest proposition. We have done with laws that like those of the Medes and Persians can not be changed even though thereby our brother might be snatched from the lions. This provision is as yet but exceptional, I grant you, but the little leaven is at work that shall ere long leaven the whole lump. At Willard, at Washington, at Kankakee, at Middletown, in Indiana, in Ohio and elsewhere, they are solving in different ways this problem of a universal provision. It is worth while to glance a moment at the variety which is one of the most promising features of the progress.

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* Dr. Chas. H. Nichols.

ter to trust in the future to improve the provision made rather than making none to continue to provide in wards so full that further overcrowding would have been a crime.

At Middletown, Conn., you will find a very satisfactory solution of the problem of providing for the chronic cases by erecting at a moderate cost, a distinct hospital within the grounds and under the same management as the State hospital, with its more elaborate provision for the recent cases; and you will find it difficult to say which is best adapted to its work, the elaborate and beautiful old, or the convenient, inexpensive new.

But at Kankakee, Ill., will, perhaps be found, when the work of construction now going on is finished, the most complete departure from the old system yet made. Here is a hospital built on the plan of providing in a series of detached buildings of varied structure, suited to the wants of different classes of the insane, for the great majority of all the inmates of the institution. Here may be seen buildings specially fitted for the sick, the epileptic, the suicidal, the quiet dement, the boisterous, the untidy, the paralyzed, in short, an effort has been made here from the start, to differentiate the provision and to suit detached but associated buildings to the needs of every condition of insanity.

I should detain you too long were I to attempt to detail all the instances of progress at the present time in the direction of special provision, but I can not omit to mention in passing the farm cottage of the Bloomingdale Asylum at White Plains, N. Y., the seaside resorts of the McLean Asylum of Massachusetts, and the summer home at Brattleboro, Vt. The latter especially impressed me during a visit in the early autumn. Here were the insane, like ourselves, taking

their summer vacation, their quiet rooms and pleasant piazzas open to the air and sunshine, with the rest of the hills and the freedom of the birds and trees about them. To their darkened lives this had come as a dream of Arcadia. And in the direction of enlightened provision in the past, I could not sufficiently admire the far-seeing wisdom of the first superintendent,* who had, when land was cheap, purchased well nigh a township of meadow and hill and mountain, so that to-day the insane could enjoy this picnic life far from the hospital walls, and take long rambles over the hills all unmolested within their own domains, a world so wide that they would seem to have no need to sigh for one outside its boundaries.

Nor should I omit to note here as an advance in provision for the wealthy insane the cottage abode which affluence has built within the sheltering arms of the Retreat at Hartford, Conn., that the afflicted daughter of fortune might be treated in a hospital and yet continue to live within her own home.

I am aware that these are the evidences of an era of progress unfinished as yet, in some instances but just begun, and that we who are the actors in it, see it too near, have too much of prejudice and passion to view it impartially, and so may greatly overestimate its importance. I confess that these steps already taken seem to me but hints at what may be expected in the future, foreshadowings only of the advance that will come with our emancipation from formulas long since outgrown, faint glimpses of the progress that will result from recognizing the truth, even though that truth should never crystallize into a proposition, that there is only a relative best, that what is the best way for you and me, may not be even good for one who works under different conditions and restrictions. I think we may yet

*Dr. W. H. Rockwell.

see rural pictures of lunacy that shall pleasantly recall the "Farm of St. Anne," with no recriminating contrasts, and that Dr. Bemis, of Massachusetts, may at last be consoled for the cottage home that he saw in his mind's eye, but which took on cathedral proportions when others came to reap where he had sown.

So it presents itself to me. I have no fear that any thing worthily reared will perish, new or old. Yet on the foundation of human need we build but in human weakness; what seems so fair to our eyes may change, and who can say but on the gold and silver that has been laid for foundation stones, we may not have built of "wood, hay and stubble" structures that can not endure. At least we will not arrogate to ourselves or our human work the credit of the sole perfection or the only good. Above all, let us, as an association enunciate no more propositions about it. When the historian of our centennial year, standing here in my place, sums up the century's progress in provision for the insane, it will be soon enough to weigh all this, when another generation has arisen and gone, and a new order has come in with methods and ideas of its own, and you and I are dust.

What such historian may say of ourselves and our methods will matter little to us then. Enough if

> "When the Master Builder
> Comes down his temple to view;
> To see what rents must be mended,
> And what must be builded anew,"

it shall be found that while in our weakness we have reared but crumbling habitations "fit only to be burned," yet doing the best we could for suffering humanity here, we have builded elsewhere on foundations of "The Living Rock" mansions to endure.

ON MENTAL CAPACITY IN CERTAIN STATES OF TYPHOID FEVER.*

BY JOHN B. CHAPIN, M. D.,
Medical Superintendent of the Willard Asylum for Insane.

The mental state or capacity of a person during the existence of bodily disease is not infrequently the subject of judicial inquiry, in consequence of the execution of a will, or some legal instrument, during the illness. Notwithstanding the well known rules of law which govern the disposition of such cases, the tendency to look with mistrust upon all testaments and papers executed during a state of disease is universal, and has found expression in the legislation of some of the States prohibiting the probate of wills made within a certain time prior to the death of the party. While there may have existed strong reasons from experience for the enactment of stringent laws of this nature, whether the results of such radical legislation have been productive of greater good, than the possible injustice that is always liable to follow, we are not prepared to state.

The medical observer recognizes the paralysis of mental functions that accompanies the shock of severe injury; that pain has the effect to weaken the will power; and that prolonged physical suffering, while it may not weaken mental power, promotes irritability and a sense of extreme self-consciousness. The changes and disturbances of mental function resulting directly from acute physical disease affecting the brain, or indirectly from retention of morbific matter in the circula-

*Read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

tion, as in fever, or from defective nutrition of the brain from any cause as in embolism, softening, and degeneration, are more appreciable, as they may be plainly manifested in active and passive delirium, as well as in the apparent weakness and hebetude which accompany and follow. Between these extreme conditions of unquestionable incapacity there is an intermediate state about which the question of the degree of mental integrity more frequently arises.

I purpose to occupy your time in presenting, briefly, two cases having a bearing upon the mental condition and capacity in certain stages of typhoid fever, premising that an established case or fact must be regarded as possessing greater value than any hypothesis ordinarily can have.

A farmer, aged 58 years, married, without heirs in his own line, had an attack of typhoid fever of which he died during the third week. The diagnosis appeared to have been made correctly from the symptoms and was confirmed further by the development of several cases in the neighborhood about the same time—one case occurring in the household of the patient, and by deaths from intestinal hæmorrhage. During an evening of the third week of the disease, some of the neighbors present observing the patient to be in a low and failing condition, held a council together and agreed that a will ought to be made. A lawyer was summoned at twelve o'clock at night, who, after consultation with those present entered the bed-room where he was alone with the sick and dying man. In a few moments he entered an adjoining room where writing conveniences were furnished and made a draft of a will in which it was proposed to devise all of the property to the wife, ignoring heirs in his father's direct line from whom he had inherited the larger part of his estate, a circum-

stance, which, with others, doubtless led to the subsequent litigation about the validity of the will. The draft of the will was taken to the patient, as soon as completed, who was raised to a semi-erect position, in which he was supported by the lawyer who sat upon the bed for the purpose. Passing one arm about the patient the lawyer took his hand in his own and guided it in the execution of the instrument. Death occurred about eighteen hours afterwards. On presentation of the will for probate it was contested on the ground that the testator was incapacitated by his disease, and the question was submitted to a jury. At the trial it appeared that some delirium had existed during the early stage of the fever, but it had disappeared and the patient's condition gave promise of a favorable change when death ensued from an asthenic condition, due probably to a failure of the heart's function. The lawyer who had conversed with the patient and prepared the will, died before the trial, and nothing as to the nature of the conversation that took place between them in the bedroom transpired, no witnesses having been present. It did not appear that the sick man had initiated any proceedings looking to the preparation of a will, nor to any provisions that it should contain. He lay in his bed in a quiescent, passive state, apparently unconscious and indifferent as to what was passing about him, or his critical condition. During the trial a question arose as to the genuineness of the signature of the testator. It so nearly resembled the well known handwriting of the lawyer that the ex-county clerk, and others familiar with it, pronounced it to be his, and not that of the testator whose signature it did not resemble in any respect. The late Dr. George Cook, and the writer, were called as experts and expressed opinions that the testator was not in a sound and disposing state of mind

at the time the will was executed. The jury rendered a verdict sustaining the validity of the will.

A case subsequently came to the knowledge of the writer which seems to have an important bearing upon a point raised in the case just detailed—the mental state in some forms of typhoid fever. A gentleman residing in a county adjoining my own had an attack of typhoid fever which confined him to his bed about six weeks when he recovered. The attack was attended by prolonged prostration and a slight delirium of a quiet form, characterized by flighty talk. The delirium soon passed away and was succeeded by a passive, quiescent, indifferent state. During a later stage of the disease the father requested his son, then a member of the bar, and since judge of the county court, to prepare two papers to discharge obligations due to him from other members of his family, amounting to the sum of $6,000. The first suggestion in regard to the transaction came from the sick man, and the act he contemplated was a proper thing in itself for him to do. The son accordingly prepared a release which was read to the father then lying in bed. After he heard the paper read, he remarked, "that was what he wanted, and that the papers were right." The papers were then signed and witnessed by the son. Nothing further transpired relative to the matter for a year after recovery, when, in conversation he remarked, that in view of his late illness there was a matter pending which he must not delay any longer to settle—the release of certain obligations from certain members of his family. His son reminded him that he had executed the papers during his illness. He expressed much surprise as he had no recollection whatever of the transaction. The son was equally astonished, as he thought his father at the time was as clear in his mind as he had ever known him to be.

Dr. Ray [Med. Jurisprudence] reports two cases similar to the first one here presented. In both cases there was occasional delirium and wills were executed which were sustained by the courts, though contested. Dr. Ray also reports another case where a lady during an attack of typhoid fever executed a will and subsequently recovered. About six months afterwards, in conversation about a will, she expressed surprise when reminded she had already made one during her illness, of which she had no recollection, and, on examination, its contents were quite different from what she desired.

In three cases where the individuals made wills during the course of a fever, or in sickness attended at some period with delirium, and the acts were sustained by the courts, whether in the event of recovery the transaction could have been recalled and would have been annulled, must be a subject of conjecture. It, however, appears that in the two cases where recovery ensued, one of the parties repudiated the act performed for good reasons, and both failed to have any remembrance of what they had done, though regarded by witnesses to be in a proper and disposing state of mind.

The opinion expressed at the trial of the case first reported, that the testator was incapacitated for the execution of a will, and, therefore, that the one he did execute was invalid, was formed upon the allegation of the medical attendant that he suffered from typhoid fever with occasional delirium, and on the assumption that the will power and other mental faculties were so enfeebled by disease as to be incapable of originating, or framing any proper purpose; that the suggestion to make a will, came from a consultation of neighbors held at a time when they thought death imminent; that no evidence appeared to show that the testator dictated the provisions of the will or indicated to the subscribing

witnesses more than a silent assent; or, that he had ever expressed a previous intention in regard to its provisions, so that it could be alleged that the mind, though enfeebled by disease, was yet moving in the line of previously well-settled convictions.

Was the testator under the circumstances in a condition "to comprehend the effect of his acts?" Had the testator capacity to take an "actual view of his property?" Would he have remembered the transaction if he had recovered? To all these queries, in view of the nature of the disease, and the state of the testator as described, a negative answer seemed the only one to be made. The verdict of the jury was consistent also with the well understood traditional reluctance of such bodies, and of the courts, to disturb a will which may be offered for probate, and made in accordance with the established forms of law.

The opinion which was given in this case was well fortified by the writer's previous observations of the mental condition in certain states in typhoid fever, and he believes it to be in accord with the experience of the medical profession in such cases. If the patient is not in a state of actual delirium, he is quite likely in a passive, quiescent condition, profoundly indifferent to his surroundings, seldom engaging in conversation, or asking questions betraying solicitude as to any surroundings or prospects of recovery; incapable of originating ideas or of managing business transactions. If addressed there is an appreciation of what is presented, but it is more apparent than real. With some exertion of the will the patient makes labored attempts to comprehend a question, as shown by the non-coördinate movements of muscles, and earnest stare. The answers are made in monosyllables, and he relapses into a state of indiffer-

ence. On recovery recollection of the incidents of the illness—ordinarily an uneventful period—fades from the memory like a dream, indicating a more profound disturbance than is usually supposed to exist. The influence of a depraved circulation to impair the functions of the brain, as well as the effect of sudden or prolonged pain and bodily weakness to diminish and destroy the will power, are important factors in forming an opinion. Intellection may even exist, but mentalisation as the term is used by Dr. Clouston, or the power to form an idea or purpose, seems to be lacking. Unless the instrument is strictly in accordance with previously announced intentions, and the person has fairly originated and dictated his wishes, and it be in itself proper, it seems wiser to conclude that a will executed in the course of typhoid fever should be regarded as invalid, and as a rule set aside. It should be held to be like an act performed in the semi-conscious state of somnambulism, drunkenness, and narcotism, or in those conditions in which the will and consciousness are from any cause in a state of suspension.

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TREATMENT OF THE INSANE.*

BY ORPHEUS EVERTS, M. D.,
Medical Superintendent of the Cincinnati Sanitarium.

Notwithstanding the common belief of Christendom that all manifestations of mind are effected by immaterial, intelligent, and immortal beings, temporarily associated with our poor mortal bodies, we are compelled to refer all disorderly manifestations to some defect, or depravity, of these same perishable and helpless elements.

This we do, not only because science so instructs us—but because to ascribe mania, melancholia or dementia, to such hypothetical beings—souls or spirits—would be inconsistent with cherished ideas respecting the origin, constitution, and destiny of such beings—and might detract from the pleasing assurance that "all the ills that flesh is heir to" will be left behind, when "this muddy vesture of decay" no longer "shuts us in."

I shall refrain, therefore, in presenting this report, from speaking of insanity as a disease of "the mind"—or immaterial man—inasmuch as such use of words is no longer justified by facts or theories—and I shall, also, at the risk of being regarded as "more nice than wise," adopt the phrase—Treatment of the Insane—instead of—Treatment of Insanity.

There are two classes of insane persons, the curable, and the incurable, that may be treated, in some respects, quite differently, with propriety.

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* A Committee Report. Read at the thirty-eighth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, in Philadelphia, May 13th, 1884.

A proper treatment of the curable class is a matter of great interest to all, but more especially so, to members of the medical profession.

Treatment of the incurable, however interesting to the medical man, as a citizen, may as well be delegated to professional philanthropists, and political economists, whether educated as physicians or otherwise.

It may be understood, therefore, in advance, that the recommendations and suggestions to follow in this report, pertain to the treatment of such of the insane as are supposed to be curable by treatment; any allusion to the other class being simply incidental.

I shall assume that the physician called upon to treat the insane, is capable of differentiating the curable from the incurable; or, if not, that he will treat all doubtful cases, tentatively, as if curable.

I shall assume, also, notwithstanding the claim of notable physicians to the contrary, that much the larger portion of the insane are incurable, even at the time when mental disorder is first discoverable by ordinary observers.

Just what the relative number of the incurable to the whole number of the insane is, I am not prepared to state. Modern hospital reports indicate a failure to cure, at least, sixty per cent of the whole number admitted to hospitals for treatment, and it is presumable that a ratio of cures based upon the whole number of insane, for any given period, would indicate a much larger percentage of failure.

The number of persons usually reported "cured," whose conditions represent only a kind of compromise between constructive and destructive activities, a restoration of order upon a lower plane of structural and functional capabilities, with a doubtful future, is worthy, also, of consideration.

The unknown quantity in this problem, which I may estimate at too low a figure, is the number of those who become incurable from neglect, or improper treatment, of any kind.

But the question of numbers, or the relative proportion of the curable to the incurable, is not important as bearing upon the treatment of the insane, of either class.

It has been, for a long time, taught, and believed, by physicians, and others, that the probabilities of recovery of insane patients are much increased by sending them to hospitals for the insane, for treatment, at any time before the conditions of disorder become chronic.

Upon what basis of facts this claim rests, if upon any, I do not know. It is inferentially correct, however, and I shall regard it as true.

If not true—if hospital methods and appliances are not superior to home methods and appliances in the treatment of the curable insane—then much that is to follow in this report is without significance.

If true—if hospital methods and appliances effect better general results, than do other known methods and appliances—the question at once arises: What are the distinctive features of hospital treatment, upon which its superiority depends?

That the greater success of hospital treatment of the insane, as contrasted with home-treatment, is attributable to any superiority of skill, or learning, on the part of such hospital physicians as are usually entrusted with the medication of the insane, is not to be presumed. Because—while it is to be presumed that all hospital physicians are learned and skillful, it is known that they are not, as a class, in possession of secret knowledges of any kind, pertaining to the healing art. And because the general result, or ratio of cures effected, as indicated

by hospital reports, is seldom, if ever, *unfavorably* modified by the fact, that young and inexperienced physicians are sometimes placed in charge of large hospital wards. Nor by the fact that each hospital staff adopts a fashion of medication peculiar to itself. Nor by the fact that homœopathists, as profoundly convinced of the enormity of administering appreciable medicine to the sick, as some doctors of medicine are of the barbarity of applying appreciable restraint to the insane, are sometimes placed in full control of large hospitals for the insane, and administer only imaginary drugs to their wards.

The fact is, that the cures effected by hospital treatment—if any there be—are not attributable chiefly, if at all, to medication, by whatever method, or whatever drugs.

Knowledge of many sciences more or less exact pertain to a thorough medical education. And there are some thoroughly educated physicians, even in America. But therapeutics proper is not a science, exact, or otherwise. Nor can it be, so long as the ultimate facts respecting the relation of matter to force, or of function to organization, remain, as now, mysterious.

Excluding medication from our estimate of values, then, in considering hospital treatment of the insane—what other feature is there, of sufficient importance to attract attention, and justify the inference of superiority?

The most prominent of all—restraint. Not this, that, nor the other method, or appliance for restraining the insane—some one or more of which may be objectionable, *per se*—but restraint in a general and comprehensive sense. Restraint—that falls upon the patient as he approaches the hospital, as the shadows fall from its façades and towers upon the lawn beneath. Restraint—that becomes more appreciable when

expressed by the attitude of persons in authority, superintendent and subordinates, physicians, attendants, nurses, and others, acting under orders, whereby the patient is placed at once, and unequivocally, upon the footing of a person laboring under some kind of disability—as requiring care and treatment—as an invalid—as insane. A whole system of restraint, making it possible to secure, for the benefit of the insane, more or less perfectly, by general and special means, persuasive or coercive: (a) regularity of habits, including eating, drinking, bathing, exercise, and rest; and (b) an abandonment of pernicious practices. All of which, to an intelligent observer familiar with the homes and habits of our people—the assumptions, intolerance of environments, insubordination toward authority, and indifference to consequences of conduct, characteristic of the insane; and the attitude of concession, evasion, and downright lying generally occupied by relatives, friends, and physicians, toward the patient, justifies the presumption in favor of hospital, over home-treatment, upon which the recommendations of this report are based.

The first step to be taken, then, in the treatment of the insane, if curable, or doubtful, is to send the patient to hospital; a reputable private hospital if circumstances warrant a liberal expenditure of money; to a public hospital if not.

If for any reason this step can not be taken, the next best thing to do, is to convert home into a hospital, by an adoption of hospital methods, and appliances—so far at least, as to effect a recognition of the fact, on the part of the patient, that he, or she, is regarded, and will be treated, as a person incompetent to direct affairs pertaining to him, or herself; and to secure observance of the more important regulations, respecting conduct, and conditions of person and surroundings, essential to health.

It is true that these recommendations imply coercion rather than concession. It is true, also, that this feature of restraint, characteristic of hospital treatment, is being vigorously assailed, and denounced, as "antiquated," "cruel," "barbarous," and "unsuccessful," by partisans worthy of consideration.

It is claimed, indeed, that such recommendations as I have now made should be reversed, step by step. That the first thing to be done for insane persons, by way of treatment, is to prevent them from being taken to an insane hospital. And if this, for any reason, can not be done, the next best thing is to convert hospitals into homes—cottages, or villas—and abolish all such features and appliances as might, possibly, suggest lunacy to a lunatic, or subordination to the insubordinate.

But such notions of treatment, so far as I am able to analyze them, are more fanciful than wise—more sentimental than judicious.

Sentiment has a high place in the evolution of humanity. It is something more than feeling. It is feeling and imagination integrated; organized; sometimes refined. But sentiment is not the highest intellectual attainment of mankind.

It is sweet and gentle to be interested, sentimentally, in the condition and welfare of the depraved and vicious—who are depraved and vicious because of an arrest of human development short of the higher and more complex capabilities that are essential to high, complex intellectual perceptions. Yet there is danger of sacrificing the best interests, not only of society, but of the vicious themselves, by permitting our conduct toward them to partake more of sympathy than of judgment.

So, too, it is generous and noble to be engaged in protecting the insane, and preventing insanity; but such ends can not be accomplished by mistaken kindness toward the one, or false pretenses respecting the other object.

Nature, of which we are a part, yet heed so little, is full of suggestions on this, as on all other subjects; were we but wise enough to see and comprehend them. For example—the conditions of our being are all coercive. Our environments are all restraints, imposed by nature. This world, in which we have our being and prate of liberty, is but a grand old hospital for the insane; and we are, all of us, but so many inmates, suffering limitations, each in accordance with his own infirmities, incompetences, or delusions. Incompetency throughout the universe implies subordination, from which neither love nor pity can redeem it.

The question of coercion, then, as applicable to the insane, is a question of capability and degrees; not of propriety. A question to be determined—each case by its own conditions. Needless restraint, or offensive appliances may be cruel. Failure to restrain, if circumstances require restraint, may be more so.

True Egoists, in the technical sense of the word, are the insane, for the most part. Suffering deterioration of the highest and most complex capabilities, in accordance with the law of retrogressive order, soon or late they fall below, if indeed they ever occupied the true place of Altruistic perceptions, and hence become comparatively incapable of present forbearance, subordination or self-sacrifice for the good of others, or of self prospectively.

Children or savages, according to the degree of deterioration effected by disease, or the violence of activities manifested, are the insane.

As children or savages, according to conditions, tenderly or rigidly, they must be treated, for their own good and the welfare of society.

In addition to the general restraint characteristic of hospital treatment, there are three methods in common use, by which the insane may be coerced—classified, because of the means used, as Moral, Mechanical, and Chemical.

Of moral restraint little need be said. It suggests itself, and should always be adopted, and its elements exhausted, before any other is thought of.

Moral restraint fails however—sometimes because of the incompetency, or impatience, of persons to whom its application is entrusted. More frequently because of the impairment of organs, on the part of the insane, upon which reflex mental capabilities depend.

The popular notion that some persons are gifted with special power, by which the insane may be fascinated and controlled, is erroneous. As much depends upon the peculiarities of the insane individuals as upon the characteristics of persons attempting to control them. The insane sometimes contract, unaccountably, sudden likes or dislikes for those with whom they come in contact, and resist or yield to them accordingly.

Moral restraint should never be permitted to fail because of needless association of patients with nurses, or others, toward whom they entertain delusive prejudices of a disagreeable character.

Argument, as a general thing, is unavailing as an element of moral restraint in the treatment of the insane.

A clear, firm, kindly statement of facts, to which may be added advice and persuasion, should limit verbal communications with the insane for restraining purposes.

The insane should be spoken to, under all circumstances, candidly and truthfully, if at all. There is no excuse for deception or prevarications. Silence is a far better alternative whenever the truth had better not be spoken.

Granting and denying privileges, as incentives to self-control, pertain to this method of restraining the insane. In the treatment of the incurable, especially of such as have been repaired, but not restored; whose mental capabilities are permanently deteriorated, but not disorderly; this practice is effective and appropriate.

Rewards and punishment are, in fact, the chief elements of moral restraint by which lower human and higher brute beings are ever influenced. He may be said to have attained a lofty intellectual eminence who can see clearly other data of ethics than rewards and punishments, immediate or prospective.

But in the treatment of other insane persons, all such as, by reason of disease, are dominated by delusions—incapable of reflex ideation, pre-occupied by concepts born of centric excitations, no real good can be accomplished by such means.

Music, lectures, religious exercises, picture-shows, all of the so-called amusements that figure conspicuously in hospital reports, are subject to the same general criticism.

Mechanical restraint consists of and embraces all force applied from without, by which bodily motions are limited. The means used are strong rooms, protection beds, camisoles, muffs, mittens, straps, wet or dry packs, and the hands of attendants.

A formidable array of implements, truly; but fortunately for practitioner and patient, like bottled medicines on the apothecary's shelves, it is never necessary to prescribe all of them at the same time for

every patient under treatment. In a thoroughly equipped hospital, as supplementary to the general restraint alluded to, the necessity of special restraint has long been regarded as exceptional, and by some as altogether avoidable. Yet each of these appliances has its specific adaptableness to certain cases, and the demand now being made upon hospital physicians that all, or the greater part of them, be unconditionally rejected and destroyed, because of a suppositious temptation to prescribe them needlessly, if at hand, is based upon a pretext as unmanly as it is unreasonable. The same pretext, if valid, would compel the removal of all doors from private rooms, in which patients may be incarcerated—destroy all bath tubs, broom handles, mopsticks and towels, manacle the arms and legs of all nurses, and banish all drugs from the face of the earth; so frequently have all these been subjects of abuse, so surely will they continue to be misused under some circumstances.

The only pretext worthy of consideration for such a demand is the assumption that it is better for the insane patient to exhaust structural capability by expressing disorderly activities, than it is to conserve morbidly excited energy by restraint.

This is debatable ground. But, as the assumption can not be successfully maintained, nor perhaps refuted, by physiological citations, the questions involved can only be settled by clinical observations —and it becomes those who make the assertion, to show, by unsophisticated statistics, that there has been an increase in the ratio of recoveries of insane persons treated, corresponding to the ratio of disuse of special restraint. So far as I know this has not been done; nor can it be. An opposite conclusion indeed might be drawn from the appearance, that the ratio of

recoveries of the insane is not now equal to the ratio of forty years since, either in this country, or in Europe.

It may, also, be affirmed in behalf of special restraint, in the treatment of the insane, that in many instances, while it may not be positively beneficial, yet if not positively harmful, to the patient restrained—the benefit to other persons may justify the practice.

For myself, while I do not believe it best, to suppress all motion expressive of morbid excitation, I do believe it best, to so limit bodily motion as to prevent structural exhaustion, even though it should imply the occasional use of mechanical appliances. I say this in the face of the fact that it is claimed by eminent authority* that it is "*eminently unphysiological to restrain mere outward muscular movements while the motor energy is being all the while generated in the brain convolutions*," because I believe expression, muscular expression even, is so intimately associated with the cerebral energization, that the one condition may be, to some extent, affected, and modified by the other. Certainly this is so, in all physiological conditions—and we are compelled to treat pathological conditions in accordance with physiological principles. Motor energy, however structurally eliminated, implies blood, in a state of activity; and is strong or feeble in accordance with the condition of structure, and the quality and quantity of pabulum furnished. The circulation of blood through the brain can be almost if not quite doubled by muscular motion. To suppose that motor energy will, or can, be generated in the brain convolutions as rapidly when the body is in a state of comparative repose, as when it is in a state of general activity, is, it seems to me, unphysiological, however it may appear to others—and the announcement of a distinguished

*Clouston—Mental Diseases, p. 142.

author* to whose pages, full of life and character, it is a delight to turn after the weariness inseparable from serious contemplation of some contemporaneous publications, that "*our great efforts in the treatment of such cases (acute maniacs) now are to find suitable outlets for the morbid motor energy, to turn the restless, purposeless movements into natural channels, to get the patient to dig and wheel barrows soon, and to walk long distances, instead of shouting and gesticulating,*" does not seem to me to be in compliance with any physiological demand looking toward cure, or conservation of energy, otherwise than as such change of direction of morbid energies into involuntary channels is, although effected by persuasion, in the nature of restraint, and ultimates in an actual reduction of muscular motion. And, if it be true, as stated by this same broad and liberal author that this turning of motor energy from purposeless movements into wheeling barrows, "*saps and exhausts the morbid energy and excitement, producing healthy exhaustion and sound sleep, vigorous digestion and healthy excitation of the skin, the glands, and the excretory apparatus generally,*" one is left still in wonderment that the ratio of recoveries is so little affected by such treatment—or indeed that any persons so treated should fail to recover.

But even this author confesses all that could be desired in the argument; by saying "*I have seen cases where restraint had to be applied to prevent the patient exhausting or hurting himself, but they are amazingly few in a well equipped asylum, with large grounds, a farm, good attendants, and plenty of them, and a padded room.*"

Conservation of energy, with "incidental protection" being the chief ends of special restraint, in the treatment

*Clouston—Mental Diseases, p. 142.

of the curable insane, my belief is that the "protection bed" properly constructed and furnished, is the least objectionable, and most generally applicable mechanism for restraining such insane persons as require more than partial or momentary restraint of any now in use. It is preferable to a strong room, because it really limits the motions of the patient's body, instead of simply hiding the patient from public observation. It is better than the camisole, or pack, because it limits the general, without embarrassing the special, motions of the body; and does not beget resistance by irritating contact with the person. The incidental protection afforded by it, is all that can be desired.

For partial, or mere temporary, restraint, other mechanisms are more appropriate than the protection bed. Any one of those mentioned, for other than momentary restraint, is preferable to manual force.

In saying what I have on this subject, I have not been unmindful of the fact that grave physiological objections have been urged against the use of the protection bed. It has been asserted, indeed, that cerebral hyperæmia, and consequent maniacal excitement, and insomnia, are increased, if not induced, by gravitation of blood to the head, as a consequence of the recumbent position necessarily occupied by the patient thus restrained.

The facts that cerebral hyperæmia and maniacal excitement are not, necessarily, concomitant:—that recumbency and sleep have been forever associated in the natural history of man—and that a general retardation of the motion of blood in the veins, and mitigation of the heart's force, resulting from muscular repose, more than compensate any possible influence of gravitation, seem to have been overlooked, or without significance, in this estimate of causes and effects.

There are persons, however, so constituted, that they are never embarrassed by, nor for the want of, facts, when presenting their view of any given subject.

Chemical restraints, consist of all such substances as are capable, when ingested, of modifying or suspending the function of sensory or motor organs. There are many known substances thus capable; first of stimulating, and subsequently of paralyzing such organs.

These substances, are not capable of entering into animal organization as nutrients: Yet they influence, when present, both constructive and destructive matamorphoses, incidental to the evolution and dissolution of animal tissues. Why? Or how? I do not know. By slowing or hastening these physiological changes, it may be?—still the final interrogatory is not answered.

Among the more reputable of these drugs are: Opium, Chloral, Alcohol, Hyosciamus, Conium, Cannabis Indica and the Bromides.

When given to restrain, specifically, they should be administered in quantities sufficient to effect the purpose fully and promptly. Inadequate doses not only disappoint expectations, but increase rather than diminish the morbid activities which they were intended to quiet. The necessities of any one person, in this respect, can not be measured accurately by the requirements of others. The quantity of medicine appropriate for each, should be ascertained by careful preliminary experiments.

As a sleep compeller, within the bounds of safety, chloral stands at the head of the list of chemical restraints. Its effects are immediate, persistent, seldom disagreeable, and pass away without alarming symptoms. Frequent repetition of its use, for a

protracted period, is not, however, beneficial, in the treatment of curable persons; and it should not be depended upon at all, in the treatment of the melancholy, or suicidal. Not because of inefficiency as a restraint, in such cases—but because of its tendency to impoverish rather than to enrich the brain.

The bromides are much less actively coercive than chloral. They are very useful, however, when judiciously prescribed. They are calmative and depressant, rather than hypnotic; and also, impoverish rather than enrich cerebral structures.

Opium has no rival in nature as a medicine. No other drug is so capable of modifying the conditions of consciousness as to relieve from pain without effecting complete unconsciousness. As a sleep-compeller merely, it is not so safe as chloral. But in the treatment of the insane, especially of the depressed, and suicidal, it is the one remedy that has maintained its good repute for many centuries.

Alcohol resembles opium in its general effects, applicability, and usefulness, as a medicine. It exerts a well marked influence over both constructive and destructive activities, affecting the various organs of a man.

With these four general agents the skillful practitioner can accomplish all that can be accomplished by chemical restraints in the treatment of the insane. It is needless, therefore, to discuss the qualities of other drugs of the class, of less merit, or reputation. As an attorney at law is bound to produce his best evidence in the trial of a cause in court; so the medical practitioner should feel obliged to prescribe his best remedies in the treatment of the sick. He needs but few, if they be efficient, and only embarrasses himself with more than are required to meet necessities.

That drugs capable of obliterating consciousness and paralyzing motion should be prescribed with care and circumspection, need not be asserted.

That medicines capable of banishing pain, without immediate danger to life, will be resorted to, needlessly and injudiciously, may be reasonably anticipated.

That the restraint effected by any drug more than similates natural repose, is not probable. The unconsciousness effected by chloral, opium, or alcohol, as compared with natural sleep, is neither balmy nor restorative. Yet neither of these facts, nor all of them, would justify the inhibition of their use, nor furnish a manly pretext for unfavorable criticism of their merits. The quack may be despised, or the fool pitied, who misuses them—but that they have contributed largely to the comfort of mankind, if not to the longevity of the race, can not be successfully disputed.

Without such drugs, indeed, the practice of medicine would seem to me—however it might appear to others—to be as comfortless to patient and physician, as would be, to penitent and priest, the ceremonials of religion with the consolation of promised forgiveness and salvation all left out.

The clinical history of an insane person that indicates, and justifies, special restraint, includes:

(a.) Excessive and protracted voluntary muscular motion, threatening exhaustion.

(b.) Paroxysmal violence, endangering self or others.

(c.) Persistent denudation, and exposure of person.

(d.) Self-abuse, sexual or mutilatory.

(e.) Destructiveness, general or special.

(f.) Sleeplessness and somnambulistic states.

The conditions (b) and (f)—paroxysmal violence, and insomnia—call for chemical restraint. All other conditions, *moral restraint having failed*, are best met

by mechanical appliances; the rule of practice being, for all, not to persist in the use of any means found by experiment to increase, rather than to diminish, morbid manifestations, which it is desirable to suppress.

Medication of the insane, for other purposes than the restraint of morbid activities, does not differ from that pertinent to the treatment of other diseased persons. It is less satisfactory perhaps, because, apparently less successful; consequently affording less room for self-deception respecting the curative power of drugs, or the importance of the physician's office in prescribing them. The insane too, are neither hopeful nor grateful, because of the physician's efforts for their cure while under treatment; however they may be after, if restored. So that the practitioner is deprived of the aid of the subtile influences of hope, expectation, and faith in medicine, that are supposed to assist, wonderfully, when properly enlisted, in restoring the body from disease. It is needless, perhaps, to say in this connection that all medication should be directed with special reference to known or supposable conditions of the body—with the distinct understanding that it is better—far better—to "throw physic to the dogs," than to be aiming it at a "mind diseased," without regard to physical conditions.

The primary and consecutive physical lesions of which mental disorder may be an ultimate manifestation, are numerous, and various, but may be appropriately classified under two heads, viz.: *Lesions of construction, and Lesions of destruction.* Of some of these lesions much is known—and more may be knowable. Yet there are certain ultimate facts pertaining to the relationship of force to matter—of protoplasm to structure—and of structure to function—that may constitute the *noumenon* that will forever baffle us as physiologists, psychologists, and psychiaters as well.

Of the tree of knowledge we have partaken—but the tree of life is still guarded against our invasion.

We can, however, and it is important that we should, as a guide to prognosis as well as treatment, differentiate lesions of construction from lesions of destruction, with commendable accuracy.

The activities of the one class of lesions always precede, and if not arrested, culminate in, the activities of the other; and both often exist at the same time, in the same individual, after such culmination.

The clinical history of constructive lesions, embraces *inanition, indigestion, inassimilation, and intoxication,* represented by disorder all along the line, from the ingestion of crude materials to the dissolution of organized structures; by which the natural balance between protoplasm, structure and function, is inevitably disturbed.

The history of destructive lesions embraces the *various cachexies: cancerous, syphilitic, tuberculous, &c., atrophy: atheromatous, and other, degenerations; and all inflammations.*

These lesions, when recognized, should indicate their own treatment. The dyspeptic, tuberculous, syphilitic, toxœmic lunatic, differs only from any other dyspeptic, tuberculous, syphilitic or toxœmic patient, pathologically; in the matter of localization of morbid activities: the brain of the lunatic, or some of its appendages, always being affected, while the brains of others may be exempt.

The indications of treatment, in all lesions of construction, call for NUTRITION AND DEPURATION. Nutrition; that constructive activities may not culminate in destructive activities because of protoplasmic or structural exhaustion—and depuration; that nutrition may not be embarrassed by the presence of effete and toxic accumulations.

The remedies called for by constructive lesions are *nutrients and evacuants.*

The remedies indicated by lesions of destruction are called *tonics, stimulants and alteratives.*

When lesions of construction coexsist with lesion of destruction, a combination of remedies may be appropriately prescribed.

Have we any nutrient medicines?

If medicine, as defined by Webster, is "any substance administered in the treatment of disease," we have. Fresh beef, milk, eggs, meal, water and air, are medicines *par excellence*—nutrients of the first order. Salt, sugar, fruit acids, and oils are adjuvants of great utility. Some bitter or carminative extracts, spices, wines and other table beverages, may promote nutrition under some circumstances; but they are not nutrients. No drugs proper can be classed as such. Many proprietary preparations of medicinal food—vegetable and animal extracts—pepsins and peptonoids—grace the apothecary's shelves and the advertising pages of our medical journals, but with a few exceptions they can not be trusted as nutrients, or aids to nutrition.

No definite prescription of nutrient remedies to meet hypothetical conditions, need or can be, profitably, made. Yet a nice discrimination of needs, and adaptation of food medicines to various and sometimes obscurely indicated conditions, effected by constructive lesions, are the most important feats that the medical practitioner will ever accomplish in the practice of medicine. To this end he should study cookery as well as pharmacy, and patronize the kitchen in preference to the drug store.

There are many depuratory agents, drugs proper, of the emetic, cathartic, diuretic, or other variety of deobstruents. But of all known depurators, water is the one universally applicable and indispensable agent.

Multitudes of men and women, in the midst of luxury, suffer, die, because of their habitual neglect to cleanse themselves, inside as well as out, with this universal solvent and detergent.

Water is nature's agent, and effects its ends while acting in harmony with all natural processes.

Drugs are artificial evacuants, and accomplish what they do, I know not how: but possibly, because of their own offensiveness, by arousing the various organs of elimination, excretion, and defecation, to unusual, even violent, activity for their own expulsion; other less offensive matters that may have accumulated in the body may be carried out with them.

That much good has been, and may be, accomplished by such means, even if the theory suggested be correct, is beyond question.

It is well to remember, however, that in using them, like a spur to a jaded horse, they should only be resorted to in cases of emergency, for temporary purposes. They can not be depended upon to take the place of natural agents.

The practitioner has a large assortment of drugs of this class to select from, but he who knows how to use calomel, ipecac and the potassium salts, can accomplish all that can be accomplished in the line of their usefulness.

In the treatment of the insane, if under absolute control, the use of water should soon obviate the necessity of resorting to drugs as depurators at all.

A proper use of water, in the treatment of the insane, implies something more than filling a pitcher, bucket or tank, periodically, and leaving it within reach of patients through the day: or ordering a general bath Wednesdays or Saturdays—afternoon. It implies, indeed, knowledge, tact, sensibility, and patient watch-

fulness, on the part of those directing its use. If the sane can not be trusted to use water intelligently for their own good—how can the insane be trusted?

Neither can general attendants or nurses be trusted, under all circumstances, to do their whole duty; however well instructed in a general way. The best of them require constant supervision and special instructions to meet the necessities of special conditions.

Eternal vigilance is not only the price of liberty—it is the price of success, in the treatment of the insane.

Observant of everything, the hospital physician should be particularly sensitive to, and careful respecting, little things—things that are likely to be overlooked, or disregarded, as "little," by the insensitive, indifferent, or ill-bred. And there are such—I grieve to say so—in this broad land of freedom and democracy—persons, for example—I have seen such prescribing for the sick; who would smile incredulously, or derisively, at the protest of a patient alleging inability to drink from a cup, or dip from a bucket, used in common by the patients of a hospital ward—or complaining of loss of appetite, and inability to eat, because of offensive odors, or the disgusting appearance or habits of table associates. I have known persons, also, employed in hospitals, in official positions, who could not comprehend the delicacy of feeling that would cause a person of refinement, even when insane, to shrink from bathing in company—two or more persons occupying the same tub, and water, and using the same towel—notwithstanding the impatience of attendants, required to bathe a certain number of persons within a given number of hours. But such persons, it is needless to say, are unfit for hospital service; and such "little things" are too important to be pooh poohed, or neglected, in the treatment of the

insane. They are quite as important, indeed, to be known of, and attended to, as is the occasional necessity for, and skill in the use of the stomach tube for involuntary alimentation; or the voting qualification of appointees of political hospital Boards.

A continuously full supply of air is essential to purification of the human body. Nature cremates—oxidizes that which has served its purposes in organization—reducing it to more primitive conditions. A certain amount of motion contributes, also, to the changes involved in the processes of nutrition and depuration.

Exercise in the open air, is therefore, a natural suggestion of great value, which should be acted upon, as not only wise, but authoritative. When, how, and to what extent, exercise should be performed, are questions to be determined by special considerations—requiring knowledge and discretion for their solution.

Massage, intelligently prescribed, and performed, is useful, beyond question, for patients incapable of voluntary exercise. But, like electricity, in the hands of innocent, or designing, ignorance, it is more likely to be harmful than beneficial.

Occupation—labor, study—are being recommended and urged, as remedial agents in the treatment of the insane. For the custodial classes including the convalescing, there can be no doubt of the propriety and usefulness of such elements of treatment.

By, or with, the methods and means thus suggested, and variously adapted to the wants of individuals; together with all of the details of intelligent nursing; all of the insane that are practically curable; if treated, may be expected to recover within a reasonable period—the greater number within six months from the beginning of treatment. Possibilities, however, remain for a long time, in some instances, to encourage the prac-

titioner. In all cases, indeed, until constructive disorder shall have culminated in destructive processes—after which the patient may be pronounced decisively incurable. This proposition, possibly, may not pass unchallenged.

Are there not, also, reconstructive activities and processes? May not destruction be arrested? And injured structures be repaired? Restored?

Arrested? Yes. Repaired? Yes. Restored? Never. Destructive processes are only arrested by an interposition of more stable, hence less complex, structures: accomplished by reconstructive activities—never by reproduction of original tissues—however slight the deterioration. The ratio of stability of all organized bodies being inverse to that of their complexity.

Of medicines considered appropriate for the treatment of lesions of destruction, there are, also, many. Iron and arsenic are the most useful tonics. Cinchona and nux vomica are admirable stimulants. Iodine and mercury have long maintained their reputation as alteratives. With these representatives of their classes the skillful practitioner may consider himself fully equipped. That the action of these, or any other drugs, is directly curative, or accomplishes more than an occasional turning of the balance of vital activities in favor of reconstruction, is not to be presumed.

A happy response of the ever delicate and oscillating scale of organization to medical influence, that occasionally rewards the efforts of the rational empiric, is the one fact that justifies continuation of experiment in the use of drugs, and saves the more intelligent physician from out-and-out infidelity respecting their virtues as healing elements, in the practice of his profession.

The therapist is but a helper after all. He can not create. He can not renew. The boasting Paracelsus

died. So do we all. We can modify physical activities to a limited and always uncertain degree, by affecting physical states, but we can not divert natural processions by any possibility from lines established by material conditions.

Were we more accurately and fully informed respecting the relations of structure to activities and phenomena; generally and specially; and the definite relation of drug-force to constructive, destructive, and re-constructive, activities; we might hope to effect much more by medication of the insane than is now possible.

All pretense of scientific psychiatry must rest upon such a basis of information.

If any one is disposed to criticise his own pretensions as a psychiater, in the light of this fact, let him do so. There is consolation for him, however, and for us all, in the fact that rational empiricism is but one remove from science—that it is the ground from which science springs—and that we, as tillers of this ground, have cleared the field, which psychology and psychiatry may some day occupy as sciences, of much rubbish—the *débris* of ages—and have sown some seed that even now is germinating, with promise of future growth.

And so, having sketched the outlines of that which appears to me, in the light of present knowledge, to be a rational treatment of the insane, without alluding to obsolete, or discussing doubtful, practices; knowing full well how limited are its recommendations and how unassuring its promises, I beg leave to submit this report, and ask that my learned colleagues be held not responsible for any of its deficiencies or errors.

To which I desire to add the confession, that after forty years devotion to the study and practice of medicine —fifteen in constant contact with the insane—having experimented through a wide range of theories and

practices, from the rationalism of SYDENHAM to the transcendentalism of HAHNEMANN—I am less confident now of my ability to cure, or to materially aid in the cure of, diseased conditions, than I was in the earlier years of my apprenticeship.

I am also convinced that the more one knows physiologically, and historically, of himself—and all other beings of the kingdom of nature of which he is a part—and the clearer and more comprehensive his perceptions of the relations of parts to wholes—of the unity in which all variety must ultimate—the oneness of the universe toward which all matter is being perpetually moved, through endless specializations, by all forces—with the inevitableness and accuracy of omnipotence guided by omniscience—the less arrogant will be his pretensions as a healer of disorders, of whatever character. And if not finally devastated by the skepticism that comes of unlimited liberty of investigation associated with limited capabilities of comprehension; a disaster to which small men are liable; the more and more will he become impressed with the importance of science as a result of the generalization of knowledge—and the less and less will he be influenced by the merely notional, sentimental, or fashionable, in the practice of medicine.

REPORT ON NEW REMEDIES:*

Paraldehyd, Nitro-Glycerin and Jamaica Dogwood.

BY J. B. ANDREWS, M. D.,
Superintendent of the Buffalo State Asylum for the Insane, Buffalo, N. Y.

PARALDEHYD.

This late addition to therapeutics was first introduced to the Italian medical profession by Cervello, of Palermo, and in September, 1882, was reported upon by Morrello and Bergesio at the meeting of the Italian Medical Association.

Paraldehyd is formed from an aldehyd or dehydrogenated alcohol by the action of an acid, either acetic, nitric, sulphuric or sulphurous. It may be fairly called an exaggerated aldehyd, as its molecular composition is a multiple by three of the latter: aldehyd being represented by the symbol C_2H_4O, and paraldehyd by $C_6H_{12}O_3$. When acted on by chlorine it is said to be converted into chloral.

It is a colorless liquid having a peculiar penetrating odor and a pungent, unpleasant taste, which disappears more slowly than that of either ether or chloroform, and is more marked than that of spirits of nitre. It has a specific gravity of 0.998, boils at a temperature of 225° F., and is miscible in eight times its bulk of water. The sensible properties of the drug can be appreciated better from the sample here presented than from any description, and this will verify the statements made regarding the odor and taste. It is recommended by the Italian observers as a sedative and hypnotic, and it has thus been used.

* Read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

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The claim is made for it, by others, that it possesses all the good qualities of chloral, and is without its dangers: that it acts first on the cerebral hemispheres without the preceding excitement so common to sleep-producing agents, and subsequently affects the medulla and the cord; that in fatal doses it paralyzes the respiratory center and the action of the heart ceases after the respirations: that its effects as a hypnotic are not so persistent as chloral, but can be maintained by the repetition of sufficient doses; that no ill effects, no after nausea, depression, or headache have been observed to follow its free administration.

Such in substance is the character given the drug by the editor of the *Medical News* of Philadelphia, on introducing it to the American profession. This is presumably founded upon the experience of the Italian reporters. They prescribed it in several forms of disease, in insanity—in acute mania, dementia paralytica, hysterical paroxysms—in insomnia, and in other nervous disorders. From its use in these conditions varying from simple sleeplessness to the disturbance of mania the conclusions just stated have been drawn.

Another quality of the drug discovered and reported by Cervello is, its antagonism to strychnia. This was shown by experiments on rabbits. Two and one-half grammes of paraldehyd, antagonized four milligrammes of strychnia, a dose four times greater than was necessary to kill. The administration of strychnia, however, had no effect on the narcosis produced by the paraldehyd. The antagonism is not reciprocal but seems to be central, paraldehyd depressing and strychnia exciting the irritability of the cord. (*Medical Record*, November, 1883.)

In this country Dr. C. L. Dana, of New York, and Dr. J. C. Wilson, of Philadelphia, and Dr. J. R. Uhler,

have reported their experience with paraldehyd. (See *Med. Record*, August 25, and *N. Y. Medical Journal*, December 15, 1883, and *Journal of Am. Med. Association*, May 3, 1884.) Dr. Dana first tried it on a pup six months old, giving a gramme by the mouth. After exhibiting some excitement, with increase of pulse from 130 to 200 beats to the minute, and labored respiration, in twenty minutes, it lay down and slept for about two hours. After proving its innocuousness the drug was prescribed in a number of cases, thirteen of which are reported. In nine it was given for insomnia, in two for its general sedative effect, and in two as an anodyne in neuralgia. In six cases it acted well as a hypnotic, in two it was helpful, and in one it failed. In sciatica and supraorbital neuralgia it caused relief of pain temporarily; as a general sedative in nervousness it acted remarkably well in one case, and gave some relief in the other. The dose employed was from ʒ ss to ʒ i, and there were no bad after effects. Dr. Dana thought it was a somewhat less sure and powerful hypnotic than chloral, and though it was more disagreeable to the taste, it had the advantage over chloral of being safe, and would prove useful when that failed, or was for any reason contraindicated.

Dr. Wilson prescribed it in nine cases as a pure hypnotic. In one hysterical patient it acted well for a short time, but lost its effect and was discontinued. In a patient sleepless from protracted watching it procured prompt and refreshing sleep. In another case it was abandoned on account of the nausea produced. In a patient suffering from sleeplessness and depression following a debauch, after chloral and bromide had failed, it produced refreshing sleep in ʒ i doses, for seven hours. The next day, after having taken a dose and been awakened, a repetition of the dose produced sleep.

The other cases were sleepless from ordinary causes, and were all more or less fully relieved. He thinks an increase of the dose is speedily required, and while paraldehyd is a valuable addition to sleep-producing remedies, it will neither supercede chloral, which it resembles in its effects, nor any others among them.

Dr. Uhler, under title of "Paraldehyd, Sugar, and Germ Disease," after giving the chemical composition, sensible properties and dose, describes the effect of the remedy as follows: "The sleep occasioned by this agent is not usually so profound as that induced by chloral, but when the latter causes unpleasant effects, or the patient has to use a sleep producer for a long time, paraldehyd is a very efficient aid. It does not cause excitement in the early stage of its action, nor is the heart interfered with, and altogether it appears to be a safer remedy than other hypnotics." He reports its use in a case of dread of sleep, and also in one of melancholia with obstinate wakefulness and strong suicidal tendencies. In the first ʒss acted as well as the same quantity of chloral without depression, nausea or other unpleasant effect. In the case of melancholia, the remedy was given in from ʒss to ʒii doses, and produced sleep of some two hours' duration. He says: "I have also given it in phthisis, measles, neuralgia, diphtheria, spasmodic croup, and a supposed case of whooping cough, with the most prompt and gratifying result." Upon the antiseptic properties of the drug he remarks: "Some experiments that I have tried seem to indicate that strong paraldehyd has antiseptic properties resembling the substance from which it is made. A piece of raw beef kept in the pure material shrivels, hardens and whitens, but does not perceptibly decay, and under the microscope shows an appearance somewhat like that which alcohol or acetic acid produces." "Fragments of

raw beef were also suspended from the bottoms of corks in bottles, so as to be surrounded by the vapor of pure paraldehyd and paraldehyd mixed with water, and seemed at moderate temperature to undergo little or no decomposition." Again: "Yeast mixed with an equal quantity of paraldehyd does not ferment cane or grape sugar solution in four or six days respectively." Altogether, though not yet through with the investigation, the following conclusions seem warranted regarding the antiseptic qualities of the drug:

1. "Strong paraldehyd either destroys entirely or greatly delays the fermentation of yeast."

2. "Its activity seems to approach that of the substance (alcohol,) from which it is derived, therefore less than 20 per cent in a fluid will not entirely prevent fermentation."

3. "A certain amount of time and contact is required, hence it is not quite so active in the gaseous as in the more concentrated liquid condition."

4. "Ammonia is not given off from urine in which it is dissolved during five weeks."

5. "It dissolves cholesterine and other constituents of gall stones, but not so well as ether or boiling alcohol."

6. "It hardens muscles lying in it or subjected to its vapor, even in the presence of water."*

With this introduction giving in short detail what

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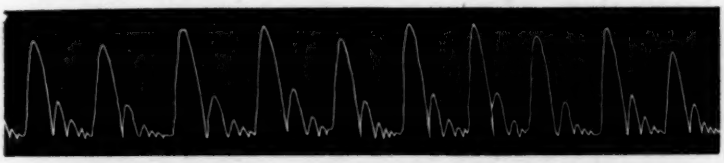
*Since writing the article I have noticed a report translated from the German of the use of paraldehyd in delirium tremens. It had been tried with gratifying success in three cases. "In every instance it proved a prompt hypnotic and in no instance were unpleasant symptoms produced. The dose was usually given with twice or three times the same amount of tincture of orange peel or the syrup of orange peel, or in about one-eighth of a litre of sweetened water, the whole making a mixture against which the patient's befuddled sensorium did not rebel. The author considers paraldehyd absolutely free from danger, even in doses of six or eight grammes." —(*N. Y. Med. Journal*, June 7, 1884.)

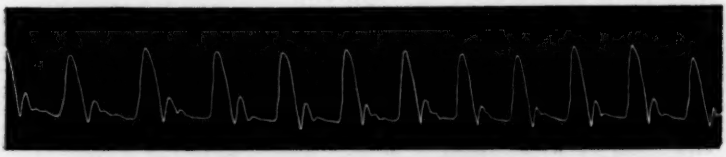
has been written in American journals upon the use and action of the remedy, we pass to our own experience.

In September last we obtained a portion of the first importation, and the first dose employed, ℥ss, was taken by myself. The pulse beats numbered 84 per minute. No effect being experienced from this dose, after a half hour ℥i more was taken, followed after the same interval by drowsiness and sleep. This was pleasant and natural and continued till I was awakened in about fifteen minutes by counting the pulse, and the taking of a sphygmographic tracing. The pulse beats had fallen to 72. The sensation was like that when aroused from normal sleep, without headache, nausea or any disturbance referable to the medicine. The next day another experiment was made with ℥ii of the paraldeyd. It was taken in the afternoon, two and one-half hours after eating, and while the process of digestion was at its height; the pulse numbered 96. In a half hour I was overcome by sleep which was natural and profound and lasted for thirty minutes. From this I was readily awakened by being spoken to. Pulse 74. After this was quite drowsy, but the inclination to sleep was resisted. No nausea or disturbance of appetite for supper was experienced. The peculiar penetrating taste, and odor of the breath continued for some hours. Experiments with ℥ii doses were subsequently made in five other persons. In three of them the medicine had no hypnotic effect. In one this was quite marked; and in another a sleepy feeling only was experienced. The most characteristic tracings exhibit a noticeable change, the heart's action is stronger and the arterial tension is reduced. The pulse fell from 72 to 68 beats per minute. After these, experiments were made with ℥iii doses. In one

instance, a case of inebriety that had been in the asylum some two months, the pulse before taking the paraldehyd stood at 88, and the heart's action was full and strong.



Immediately after taking it the face was slightly flushed and a feeling of warmth experienced in the stomach. In fifteen minutes pulse was 100, in thirty minutes 104, and the patient was drowsy and yawning; tracing shows reduction of arterial tension and a diminution of



aortic wave and of dicrotism. In forty-five minutes he stood up but felt obliged to sit down, and in one hour was decidedly sleepy; said he felt drunk in his extremities but simply sleepy in his head. He undressed himself with difficulty, got into bed like one intoxicated, and slept profoundly all night. In speaking of the experiment afterwards, he said he could only compare the effect to that of some stimulant which had affected his muscular power but not his intellect. There were no unpleasant after results, but the odor of the breath was characteristic and persisted during the following day.

Another experiment was made with a ʒiii dose in the person of an attendant. The pulse before taking the paraldehyd stood at 88. In ten minutes an agreeable warmth was experienced in the stomach which gradually extended to the extremities, and was compared

to the effect of a full drink of brandy. He soon began to yawn and to complain of being sleepy; pulse stood at 80. In thirty minutes fell fast asleep while pulse tracing was being taken. This indicates lowered tension. He continued to sleep and after an hour his pulse beats numbered 76. He was aroused and assisted to bed, his gait being shuffling and unsteady, decidedly intoxicated, but he could reply intelligibly to questions. The next morning he said he slept soundly all night, but felt as if he had been dissipating. In none of these cases was there any change in the number or character of the respirations, nor was there nausea or other unpleasant effects.

An effort was made to disguise the taste of the medicine while making the physiological experiments by the use of Elix Val. Ammonia, and syrup of ginger and the like, but the result was not satisfactory. The pungency was not covered, and when water was added the size of the dose, a half tumbler, was too bulky to be readily taken. Cold water was subsequently used as in administering chloral.

We now pass to record the cases in which paraldehyd was given to patients to induce sleep.

Case 1. Woman, with chronic melancholia, a resident of the asylum for more than two years, sleeps very poorly under any form of hypnotic. Had taken morphia, chloral, bromide, hyoscyamus, and lastly dogwood, without any satisfactory result. Given ʒiss of paraldehyd; awake at 10, 11, 12, 1 and 4 o'clock. Next night dose increased to ʒii. Awake at 10 and 4 o'clock and complained of nausea from medicine. Next night was awake from 11 to 3, and had so violent a headache that it was discontinued.

Case 2. Woman; recent case of melancholia; just admitted. Had been awake all night for two nights; given paraldehyd, ʒi, slept all night; second night

awake from 12 to 4; third night vomited the medicine and slept none; fourth night, retained medicine but slept none. It was then discontinued.

Case 3. Woman, with chronic mania; noisy part of the night for weeks together; given ℥i, and slept all night; next night, noisy after 4 o'clock; third night, noisy from 1 o'clock until morning. Medicine discontinued.

Case 4. Woman, with chronic mania; a noisy, violent patient, who was often out of bed pounding on the door. At 10 P. M. was given ℥i, and slept all night. Under the same dose slept the next two nights till 4 o'clock. Medicine was discontinued for one night, and patient was awake and noisy all night. It was then resumed in ℥iss dose, and she slept quietly all night; the second night she slept but three hours, but the two following nights till early morning; the fifth night was awake from 2 o'clock. The medicine was suspended and no sleep obtained. The following night it was resumed in a ℥ii dose, and continued for three nights with good effect. It was then stopped and the patient was noisy the whole night.

Case 5. Woman, with chronic mania, with periods of marked disturbance. She had been reported awake for several nights; given ℥i and slept till 3 o'clock. Again under the same dose slept till midnight, and under its repetition till 4 o'clock. The next night the same doses were given, and patient was awake from 2 to 3 o'clock. She slept all the next night under one dose; the night following had no sleep; on the second night slept well; on the third till 2 o'clock, and the last night the medicine was given, all night. The paraldehyd was then discontinued, and quiet sleep followed, the paroxysm of disturbance having passed.

Case 5. Man; a noisy paretic who had been well controlled during the day, and had slept well on $\frac{1}{10}$ gr. of hyoscyamin (uncrystallized,) given in the morning and repeated at bedtime. For this was substituted ℥iss of paraldehyd, given as a sedative during the day, and a hypnotic at night, without any favorable result. He continued noisy and sleepless day and night. The medicine was discontinued, and the former dose of hyoscyamin given, with the result of his being quiet during the day, and gaining sleep at night. The next night paraldehyd was given, ℥i at bedtime, and another at midnight without producing sleep. Returned to the hyoscyamin with the former good effect.

Case 7. Another noisy paretic; usually slept about one-half the night; the remedy was given in ℥i dose for several nights without any appreciable effect.

Case 8. Man; recent case of melancholia. The night after admission slept none; the second night slept till 4 o'clock under ℥ii of the drug. On same dose was awake all the next night. The medicine was then increased to ℥iii, and patient slept well for four nights. Chloral was then substituted in xxx gr. doses, with equally good effect. After two nights the paraldehyd was administered in ℥ii doses, and gave good sleep all night.

Case 9. Woman, an opium taker, and an epileptic, just admitted. The first night slept none. The second night given the paraldehyd ℥i, and slept all night; next awake two hours; the third night no sleep; then gave ℥ss and patient slept well for two nights. Changed to chloral and bromide aā xx grs. with same good effect.

Case 10. Woman, case of mania; new patient. Given dogwood ℥i, without effect; then gave paraldehyd, ℥iss, and patient slept well all night. This was continued for three nights with the same effect.

We have presented nine cases in which paraldehyd was given experimentally for its physiological effect, and ten in which it was given clinically as a hypnotic. It was given in doses from ℥i to ℥iii, alternated with other hypnotics, and again discontinued, that we might not be misled as to its effects. It was given in each case long enough to enable us to form an opinion of its merits. The physiological experiments show that even large doses are not capable of producing, with certainty, a hypnotic effect.

In five of the clinical cases the results were satisfactory, sleep being produced under such circumstances that it might fairly be attributed to the medicine employed. In five of them no benefit was derived from the use of the drug. When in the physiological experiments ℥iii were taken the effect was like that of a stimulant in narcotic dose. The smaller doses, when any effect was produced, gave pleasant and natural sleep.

The effect of the medicine was at its height in from thirty to forty-five minutes after being taken. It is thus less rapid in its action than chloral.

No effect on the respirations were noted in any instance, and there was no initiatory excitement. There was no constant effect on the number of the pulsations. In some instances they were increased in frequency and in others reduced.

It occasionally produces nausea, and the taste is decidedly unpleasant and persistent. The experiments of Dr. Uhler prove that like chloral, paraldehyd, has such antiseptic properties as may render it useful in the treatment of certain forms of disease.

The substitution of other hypnotics with equally favorable results prove that, at least in the cases tried, paraldehyd has no special advantages to recommend it.

While acknowledging that it possesses hypnotic power, we fail to discover any quality which makes it superior or even equal to other sleep-producing remedies that are in constant use. The taste of the drug, the difficulty in disguising it, and the large amount of water needed to dilute it so that it can be taken, and the further fact that it does not supply any demand not already met by other agents will, in my judgment restrict, if not altogether prevent its general use in either private or hospital practice.

NITRO GLYCERIN OR GLONÖIN.

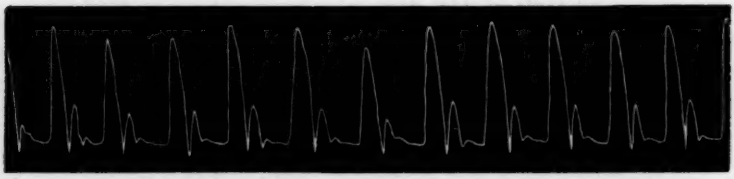
This substance, discovered in 1847, was not made the subject of therapeutic experiment until some twenty years later. The sensation experienced by the investigator were of such an unpleasant character as to discourage at that time any further examination of its medical qualities. Others subsequently made trial of it, but it was not brought prominently before the profession until a few years since, when Dr. Müller, of London, discovered the most important application of it, as a remedial agent in angina pectoris. Since then its properties have been studied by a number of observers, especially among the English, and their labors recorded. It has been employed with the most success in abnormal conditions of the circulatory apparatus, and in diseases depending upon these. We have in the list, cases of angina, of weak and dilated heart, of valvular disease, disease of the vessels, albuminuria, chronic Bright's, asthma, migraine, epilepsy and some forms of insanity. There is great unanimity among those who have written upon the subject as to the sensible effects of the drug. In proper medicinal dose it produces flushing of the face, throbbing of the carotids, with a sense of fullness, especially in the

frontal region, and sometimes intense headache. This symptom may be lessened by continued doses, and finally disappear, though occasionally it is so severe as to lead to the abandonment of the drug. The pulse is quickened and the action of the heart increased in frequency and in force. In fatal doses death results from paralysis of the pneumogastric.

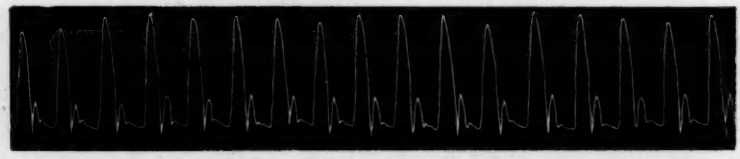
The theory of its action is, that it reduces the arterial tension by paralyzing the vaso motor nerves, and thereby dilating the blood vessels. By lessening the labor of the heart in forcing the blood through tense and rigid vessels, it increases the force and power of that organ. It has been suggested by Dr. Bartholow that this effect is also due to the inhibition exercised by the pneumogastric nerve. The experience of those who have investigated the action of the remedy tends to establish the truth of the theory. It is confirmed by experiments and sphygmographic tracings presented in this short paper. In the first place, I have to report a few cases in which the drug was given solely to investigate its physiological effects. Secondly, the results obtained in dementia, especially in the cold and congested extremities, which mark this form of mental disorder; and, thirdly, in epilepsy.

The first tracings taken were from the pulse of a man about 50 years of age, whose arteries are sound and healthy and the action of whose heart is strong and normal. The pulse beats 92 to the minute, and the tracing is a characteristic one. It shows a full and strong systolic heart beat with an artery of low tension and well marked dicrotism and respiratory wave. Glonoin in 3*m*. doses was given and in two minutes the pulse beats were 104, and a feeling of pressure in the frontal region was experienced, and in five minutes the head felt puffed up and dizzy. Pulse tracing shows increase of beats and a lowering of tension.

Case 2. A young man 24 years of age, with strong heart and healthy arteries with low tension, pulse beat 84, dicrotism, and respiratory wave well marked.

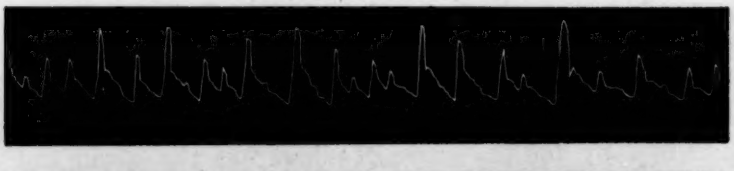


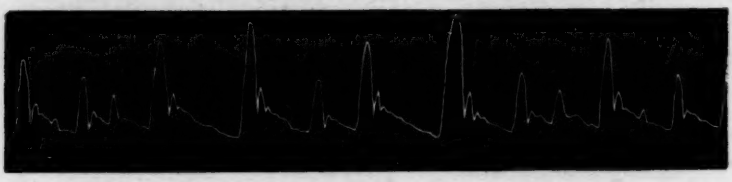
Given 3*m.* glonoin, pulse beats 100, tension lowered; systolic beat stronger and more accentuated. In both of these persons the heart's action was healthy and normally



strong and full, hence the difference in force of the beats is less noticeable than in weak hearts as in diseased conditions; either dilatation or valvular defects.

The following tracings illustrate the action of the drug in a case of disease in which it is of special





value. These are from the artery of an old man with weak heart and irregular action, whose arteries are firm and rigid. The influences of the drug are noticeable in

the increased force of the heart and in the lowering of tension. It relieved the pain about the heart and the discomfort of breathing, and promoted a marked sense of well being. In a case of mitral insufficiency the glonoin proved of benefit in relieving the heart of a portion of the resisting power of the arteries. I do not enlarge upon the use of the drug in this field in which it has proved especially beneficial, but would refer to the articles written by Dr. Greene, in the *English Practitioner*, for February, 1882, and by Prof. Stockton, in the *Buffalo Med. Journal*, for March, 1884.

In cases of dementia it was tried in doses of from 1 to 15*m.*, and the effect upon the number and character of the pulsations particularly noted. The results of these experiments I have formulated as follows. In doses of from 1 to 10 *m.*, the pulse beats were increased from 12 to 16, and in doses from 10 to 15 *m.*, from 20 to 32. The form in which the medicine was given was the one per cent alcoholic solution. There was in none of the cases of dementia experimented upon any complaint, or evidence in the bearing of the patients, of headache or other unpleasant feeling, or any change in the respirations. The power of the drug was at its height in from three to five minutes, and the influence on the pulse disappeared in most cases in twenty minutes and in all cases in half an hour. The sphygmographic tracings showed the same changes as have been already noted, and sustained the theory of its action. After having carried it up by gradually increasing doses to 15 *m.*, it was given three times a day in 3*m.* doses for weeks together, but without any *permanently* perceptible effect, either mental or physical. Remembering that as it dilated the blood vessels, increased the force of the heart's action and produced a sensation of warmth through the body it

occurred to me to watch the effect on the cold and congested extremities of dements. Some strongly marked cases were selected and the remedy given for prolonged periods. In some instances it exercised a notable influence, the deep venous blue color was changed to a reddish blush which could best be compared to that of oxygenized blood and the extremities acquired a more normal temperature. The change, however, was but temporary and continued only while the medicine asserted its influence on the pulse.

We subsequently made experiments on a number of melancholics with single doses of 2 *m.* They were patients who were able to indicate the sensations produced by the remedy. The effect on the pulse was the same as before stated. The normal pulse increased from eight to twenty beats, and there was complaint of fullness and sometimes of pain usually located in the frontal region, or of dizziness which was at its height in from three to five minutes, and disappeared with the immediate influence of the drug.

To test its value in *Epilepsy*, I picked out four cases, two among the men and two among the women, who seemed likely to derive benefit from glonoin. It was given in 3*m.* doses three times a day, and continued for from four to six weeks.

The record of the number of fits in each case for the month preceding the giving of the medicine was compared with those recorded during the month when it was taken. In each case the number of fits was greatly increased, the average of the month while they were taking the remedy, being more than double that for the previous one, and in one instance a series of thirty-two convulsions followed each other in quick succession. These, however, were not counted in making the comparison. We did not feel justified in continuing the

medicine longer. In one case of severe neuralgia the drug was given in 2*m.* doses, for about two weeks, and repeated three times a day. After every dose the patient was so dizzy that he was obliged to lie down for a period of twenty minutes or more, but did not derive any benefit in the relief of pain. Great toleration is sometimes shown, and the dose has been carried to a degree which would probably have proved fatal on first administration. A medical friend gave ʒss of the 1 per cent. sol. every four hours, in the case of an old man over eighty years of age, who was suffering from angina, for a period of several days. It proved efficacious in controlling the anguish of this disease.

The conclusions from the experiments are as follows:

First. They sustain the theory given of the action of nitro-glycerin.

Secondly. While it is claimed to be of value in mental, disease in the form of dementia, it has no beneficial influence further than in temporarily relieving the congestion of the extremities.

Third. That in many cases of Epilepsy it has a positively injurious effect.

JAMAICA DOGWOOD,
(*Piscidia Erythrina.*)

The therapeutic properties of this drug were first brought to the notice of the profession by Dr. William Hamilton, of England, in a communication to the *Pharmaceutical Journal*, in 1844. He speaks of it as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. In 1880, Dr. James Scott published in the *Therapeutic Gazette* a few notes on the use of the drug as a substitute for opium in the treatment of a class of lunatics

characterized by excitement and restlessness, which morphia and other preparations of opium had failed to control. The effect as described by him was remarkable. In some cases sleep was produced, and on awaking the patient was comparatively tranquil and quiet, while in others of a more severe character it was necessary, at short intervals, to repeat the dose until the narcotic effect was manifest. Such was the sum of knowledge of the drug when a preparation of it was furnished the medical profession by Parke, Davis & Co., of Detroit. Since then it has been prepared by other pharmacists. Reports have been made, principally upon its anodyne properties, in the relief of pain, in the various neuralgias, and last year the Association listened to a paper by Dr. Gale upon its use as a hypnotic. The experience of some of the members was also given, and after referring to a very limited use of the drug I promised to investigate the subject further.

In making physiological experiments, I took ʒi of a fluid extract, the dose of which was given as from xv. to xxx. *m.* The taste was readily and well concealed by syrup of ginger. When taken the pulse beats were 76, and no change occurred during the progress of the experiment. No sensation of any kind that could be referred to the medicine was experienced. Quiet was observed, and every advantage given for the hypnotic effect of the remedy. I continued reading for two hours, from 10 to 12 P. M., but no hypnotic influence was realized.

Two drachms were subsequently given to a man, a quiet case of chronic mania. The pulse stood 80; sphygmographic tracing taken. After ten minutes pulse beats were 72, complained of some nausea. After thirty minutes pulse beats continued at 72, and tracing taken gave no characteristic change. No effect on

respirations and no hypnotic influence was observable.

A quiet case of melancholia was given ℥ ii of dogwood, pulse was 84, and tracing taken. In ten minutes pulse was 92, and so continued In thirty minutes complained of nausea. Tracing again taken but no change from action of medicine and no hypnotic effect was experienced.

In Clinical Experiments.—A woman; case of melancholia, with periods of sleeplessness and disturbance, began with xv *m.* of the dogwood, and as no effect was obtained the dose was rapidly increased till ℥ iss was given, under this sleep was induced. The remedy was given for a week with satisfactory results, then the patient became quiet and slept without use of any remedy.

A woman; case of melancholia, with persistent sleeplessness began with xxv*m.* The dose, as before, was increased to ℥ iss. For several nights she slept poorly, being awake for from two to five hours, but afterward slept well. The drug was continued two weeks with satisfactory results.

A paretic, man, quiet, but sleeping poorly, was given ℥ ss doses. Slept well for three weeks, and continued so to do after medicine was discontinued.

A woman with acute mania was noisy and sleepless. She was given dogwood ℥ i, and this was continued for four nights without effect, as she was out of bed and noisy. It was then discontinued, and ℥ iss of paraldehyd substituted, when she slept all night.

Two more cases, women with acute mania, both violent, noisy and sleepless. Began with ℥ i of dogwood without effect, increased to ℥ iss and subsequently to ℥ ii with same result. For two nights they slept well, but after this no benefit was obtained from use of the same dose. A strict record was kept for two

weeks, they were noisy and awake from three to six hours—result unsatisfactory.

The remedy was employed in other cases, but the record was not kept with such accuracy as to warrant reporting them in detail. Of its anodyne effect I can not speak, as we have not used it for the relief of pain.

The conclusion reached from the employment of the drug is, that in the physiological experiments no results were obtained: that clinically dogwood is a hypnotic of uncertain power, and that to gain any benefit it must be given in much larger doses than are recommended by the makers, from ʒ iss to ʒ ii. That in such doses it frequently produces nausea. That it is not a remedy to be relied upon in the sleeplessness of insanity. It may, however, prove useful in some nervous and hysterical cases where opium is contraindicated.

ON ASYLUM LOCATION, CONSTRUCTION AND SANITATION.*

BY S. S. SCHULTZ, M. D.,
Superintendent Hospital for the Insane, Danville, Pa.

An honest man is said by the poet to be the noblest work of God. If we expand the present idea attached to the word honest, by bringing back to it some of its more original meanings, as for instance, suitable, fit, I think we may, without extravagance, say that an honest hospital is the noblest work of man. In its planning, construction and the establishment of its surroundings, all his best endowments may find scope for exercise and development. His best judgment and skill, as well as those elements of his nature which draw their inspiration chiefly from the future and from above, have in this work abundant room for play.

The principles which should control the location of an Insane Hospital, are so plain and easily understood in the abstract, that their simple enunciation receives general assent; but their application in practice will give rise to many debatable questions, for few localities, if any, can unite all the desirable characteristics, and choice must be made of that one which appears to combine the greater number of those most essential. There are some whose absence should always be considered fatal to any place, no matter what else may be present to recommend it.

It should be in or near the center of the population to be provided for; selected, also, with reference to lines of

*Being the Chairman's report of the Committee on Asylum Location, etc., read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

travel and of transportation, making it easily accessible to persons having business with it, or for bringing supplies to it. If too near a town (within one and a half or two miles) the outdoor movements of the inmates will be injuriously interfered with or restricted, and undesirable visitors invited. If too remote (more than three or four miles) employes will be less readily obtained or kept. This is especially true of the necessary mechanics. If the town is small the location may be nearer; if large, it should be more remote. It should be possible conveniently to have repairs made in all departments of the building.

A supply of wholesome water to the extent of one hundred gallons per day for each patient, should be secured beyond the least peradventure.

The character of the soil and the inclination of the surface should be such as to make thorough subsoil and surface drainage sure and economical.

Whether the sewage is to be wasted into a natural water course or used as a fertilizer, no hospital should ever be placed where it can not be easily disposed of without either poisoning the hospital population, or becoming a nuisance to the neighborhood.

The purity of the atmosphere from natural or manufactured poisons or unpleasant admixtures, must not be overlooked.

No hospital for the insane, however limited its capacity, should have less than fifty acres of land in its absolute control or ownership, surrounding the buildings; nor less than half an acre per patient when its capacity is greater.

A varied and extended landscape, suited to awaken pleasurable emotions in the healthy mind, exerts a soothing and healing influence on the insane, and such an advantage should not be forgotten or ignored when determining the site of a hospital.

If it is admitted, on all hands, that a civil architect could not lay out a fort or plan a ship or astronomical observatory, why then should his competency to design a hospital be assumed, when its purpose is as special and foreign to his ordinary line of thought, as either of those structures? And yet it would not be difficult to find buildings whose ostensible purpose is the care and cure of the insane, but whose construction has absorbed thousands upon thousands of money, that were planned by men who have never given a day's earnest thought to the characteristics of the insane, and who could probably not be induced to spend a day among them, in the wards of a hospital, in order to study and become acquainted with their wants. Even where this irrational practice has not been carried to this extreme, the wrong theory underlying it has often had an influence which has materially interfered with the usefulness of the hospital. The external and material hampers the internal and spiritual, as when the best mental endowments are prostrated by a diseased body. When the architectural idea controls the medical, and the distribution, size and use of the rooms and the possibilities of admitting air and light are subordinated to, where they can not be harmonized with an æsthetic contour and sky-line of the building; the welfare of the patient is in corresponding degree sacrificed. We would feel but little admiration for the skill of the supreme architect, could we suppose that in the construction of man, the bony skull was first contrived, and the nerve contents with their lofty functions subsequently thrown into it at random, both to be at the mercy of their unyielding surroundings. The product of such a method of creation would be contemplated with little respect. The "erection of palaces for paupers" at the public expense, has become a by-word, eagerly seized upon to the

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injury of the cause of the insane, and to bring reproach upon the laborers in it. The blame for what truth there is in the charge, belongs chiefly to those who maintain the assumption that ideas born of experience must be subordinated to the theoretical notions of those who have never studied the wants of the insane; that the exterior of a hospital is to be first erected according to the rules of architectural taste, and that the filling in is a secondary matter. Those who, as inmates or as their care-takers, spend their time inside and look out, are naturally less concerned about the external which they see only exceptionally, than the internal, which they look at and use constantly. The architect finds his reward in pandering to the taste of the larger community outside, whose praises are music to his ear as well as money to his purse. The hospital man should therefore be censured neither alone nor chiefly for this public sin, where it has been committed.

One of the first questions to be decided in the planning of an hospital for the insane, should be that relating to the class of patients which are to be accommodated in it. Shall it be for those who are pecuniarily able to remunerate the hospital for all they may receive from it, or for those who must accept as charity from the taxpayer the care which they require and receive? Is it to be a public institution, constructed and subsequently maintained out of public funds, or a private one whose patients pay for what they receive, not only for what is necessary and suitable for every member of the human brotherhood, but also for so-called luxuries, which they have been accustomed to, and which by reason of their habits and tastes have become indispensable to their reasonable comfort? It is no doubt repugnant to our training as medical men, who from our professional infancy have had enjoined

upon us the duty of charity, and who, when maturity has been attained, are accustomed to dispense vastly more of it than any other class of men, to entertain the thought that such distinctions are to enter the chamber of sickness, and that as the greatest leveller of men approaches, the accidents of our nature must be insisted upon and maintained. There is, however, no lack of charity in this. He who spends without limit upon his personal wants in health, should not on account of his illness simply be restricted so far as the faculties and the means of innocent enjoyment remain. One should rather argue that as the illness necessarily closes some avenues of enjoyment; instead of letting any that remain unused, new ones should as far as practicable be opened to make up for those that are lost.

In the case of those who must be entirely dependent upon public charity, the proper question to ask would seem to be what kind of buildings will answer all the reasonable requirements of those to be cared for, and at the same time will not involve such an outlay as will make it impossible to secure corresponding provision for all having equal claims, or to meet adequate current expenses for maintenance. The point is, to provide suitable, reasonable accommodation, and do it so economically and at such a per capita outlay, that none who require it will need to suffer because there is not enough of it. I doubt whether practically this question has been solved in the best manner; whether the controlling powers have had enough wisdom to secure the greatest good for the greatest number; whether some have not been housed so liberally, that other members of this afflicted family equally entitled to the parental protection have been compelled to wander about shelterless, when a more judicious use of the means at command might have provided a comfortable home for all.

I have just referred to adequate support of the hospital when once in operation. That the best results may be obtained, the necessity is acknowledged on all hands of an individualized treatment, devised to meet the peculiarities of each case no less than the uniform wants of all. Numerous attendants well trained to their work are essential to such a treatment, and without them it is impracticable. Occupation, which of course should not be synonymous with labor, is of vital importance. There must be for this purpose varied appliances, but among them all intelligent attendants are the chief. The nutrition of a large proportion of the patients that enter the public hospitals is at a low grade; this is a condition which can only be suitably met by a varied, abundant, nutritious and easily digested diet, prepared in a manner to stimulate the appetite. I believe there is ground for the opinion that if more could be spent on these two items, of attendants and food, not to mention others, our records of recoveries, of deaths, of restraint and seclusion, would upon the whole be more satisfactory.

Funds available for the benefit of the insane, whether public or private, may be so lavishly expended for buildings that the subsequent maintenance of the inmates becomes of necessity too economical to be effective. Buildings do not make a college or a university. In the most humble edifices the best educational work is sometimes done. While therefore structural arrangements are an important element, they are not an essential one, nor are they the chief; and they *may* exist to perfection, and the proper work of the institution be nevertheless very inferior. These truisms, I believe, are as applicable to an hospital as they are to an institution of learning, and the lessons they teach can not be innocently ignored by

those who are entrusted with the responsibility of planning hospitals any more than they can be by those who are projecting colleges.

Another question, I think, may properly be allowed to come up in this place, and without trying to answer, I will state it. It is this: Has the theory of hospital building evolved from the requirements of private patients, and the desire to gratify the tastes and consult the habits of the cultured and the opulent, been permitted to shape the plan of buildings, the vast majority of whose inmates are of a totally different class? And, if so, has this process been permitted to go further than has been conducive to the good of all the insane?

The one function of a hospital with which it is more usually associated than any other in the public mind is that of restricting the personal liberty of its inmates. The most usual motive which leads friends of the insane or the public authorities to commit them to a public institution, is that of providing for a member of the community who has become too troublesome to retain his usual relations to it. The process of reasoning, which lies at the foundation of the step, and which precedes it, is usually not; this person is ill, and therefore should go to an hospital that he may get well, but it is; this person has become too troublesome, too dangerous to himself or others, and therefore he must be removed to some place where he can be controlled. The hospital is usually the last resort made use of when other means have been tried and failed. That this should be the case is a great misfortune, from which the insane themselves are the greatest sufferers. Some are never permitted to enjoy that kind of care, which is most likely to be of benefit to them, and others do not get it while it could be the means of cure; both alike become hopeless invalids.

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This reluctance to confide the insane to the care of hospitals is partly due to the notion that they are chiefly places of restraint, and that those in charge are chiefly turnkeys. We know that this notion is false, and also to how great an extent it has been brought about, and is now kept alive by untruthful assertions, prompted by self-interest or revenge; and yet, on the other hand, is it true that hospitals or their architects have in this matter attained the apostolic standard, and have become all things unto all men that they might save, cure, some? Has there been such an effort to satisfy public opinion, however erroneous it might be, as would without sacrificing principle, overcome prejudice, and thereby bring more patients to hospitals, and bring them at an earlier period of their illness? In other words, could not buildings be planned which would accomplish all that is desirable, and at the same time would be less formidable in appearance to the friends of patients than many of the large structures now in use as hospitals? The element of restraint in the treatment of the insane, so far as it is secured by structural arrangements, is required by different cases in a very unequal degree. At one end of the line is a class of cases which require nothing more than is involved in a transfer into new scenes, the removal of injurious influences and the enforcement of correct habits of living. With the well-to-do these conditions can and often are obtained outside of hospitals; with the poor such recourse is essential. At the other end is the homicidal maniac with criminal impulses, who is too often still unfortunately sent, in the absence of a proper place, to an ordinary insane hospital. He requires for his secure keeping the substantial environments of a well appointed penitentiary. The wide gap between these two extremes is filled with a variety of

cases approaching in their features more or less to either end. Now, I believe that that hospital of the future, which will be able to show to the public structural plans and arrangements that will be as fully in harmony with the requirements of that class of the insane which need little or no restraint, as our present buildings generally are in harmony with the needs of those who require it liberally, will have the largest number of recent admissions, and will be less often than others the subject of exciting novels and legislative investigations. The increase of admissions of recent cases, promising the substantial good of more numerous cures, is an end for which severe efforts and all reasonable sacrifices may well be made.

The point has been much discussed in print and in meetings of this Association, whether the curable and incurable should be taken care of in the same buildings. No one plan appears to have been generally acquiesced in. And where such diverse and even opposite views are entertained by men of equal opportunities and zeal for knowledge as well as love for correct methods and the good that results from them alone, it ill becomes one to be very secure, in the correctness of his own. One point, however, can not be doubted, and this is that the plan and manner of construction of a hospital must vary with reference to the kind of patients that is to be accommodated in it, and hence the propriety of alluding to the matter in these remarks. Such variation, however, does not depend on the duration of the disease, nor on its prognosis. In a hospital the classification of patients by wards is not made with reference to these principles; not all the recent go into one set of wards, and all the chronic into another; nor do we put all those likely to recover into one part of the building, and those for whom we

have little or no hope into another. If any one were to go through a hospital, or a number of them, with a view to learn on what theory the inmates were distributed it would probably appear that the desire or perhaps the necessity to place those least uncongenial to one another, and those requiring somewhat similar moral treatment together, had chiefly controlled the matter; and that thus the curable and the incurable, the recent and the old, were often found to be associated. It would be reprehensible to permit theoretical notions to override that arrangement, which would best promote their comfort, or diminish the friction of their intercourse with one another.

Now, the same ideas which in an institution control the distribution of its smaller population into wards, should, I think, influence the collection of the larger insane population of a State, or portion of a State, into independent hospitals. One ward does not contain recent cases exclusively, nor does another contain old cases exclusively; neither should an institution contain only the one class of patients, and for the like reason, that such an arrangement diminishes the comfort of the inmates, and introduces artificial difficulties into their care.

"Necessity is the mother of invention," says the proverb. So here what the wisdom of man failed to solve while it was mostly a speculative question, the necessity of the increasing mass of insanity to be provided for at a less rate than fifteen, twenty-five, or more, hundred per person to do it with, has solved in what appears to be a very satisfactory manner. When the map of a State is dotted over with hospitals close enough for the transportation of patients from the remote corners to be not unreasonably burdensome, and still more room is needed, let there be annexes built

for those out of the entire mass of patients who do not require the single rooms or usual restraints of violent patients. Let these be occupied not by the chronic or incurable as such, but by those whose symptoms or manifestations of insanity are of a mild character. Let us suppose a new hospital is to be built, planned with the probability in view that at some future time the accommodations will be increased by the addition of annexes. The manner of communication between the center and the extreme portions of an institution of even three or four hundred inmates is a point entitled to much consideration. And its importance increases as the number of patients becomes greater, and even in a more rapid progression. Not to mention other ends to be accomplished, I believe it of the greatest value that the population should be brought together often, even daily, for religious services, for amusement, for instruction, or for exercise. That this is practicable in the daytime or in pleasant weather is not sufficient. It should be practicable in the evening and in all kinds of weather. It is true that insanity is the result of bodily disorder, but he who would remedy the former by measures directed to the latter alone or chiefly, will fail of the highest success. That places of assembly for these and other purposes are accessible through the wards of a hospital when of the limited capacity which it was formerly thought must not be exceeded, may be tolerated, but it can not be considered otherwise than a defect in an institution that every evening several hundred, and these among the disorderly, should march and remarch through its quiet wards. And when the population exceeds or even approaches a thousand it ceases to be a defect, and must be a nuisance, whose abatement becomes peremptory.

As at present planned, the State hospitals have dining-rooms for every thirty or forty patients. These are costly in their construction and maintenance. It is difficult, if not impossible, for the officers to exercise thorough supervision and effective control over twenty or more of these sources of stale odors through the house. Three-fourths of them should be abolished where they usually are, and consolidated into one large dining-room near the kitchen. All the objections to carrying the food to the remote and scattered ward dining-rooms would be obviated, and the great work in an hospital of getting sufficient nourishment of a suitable character and in a proper manner into every patient can be performed under an officer's eye.

With some limitations, I would apply the same remarks to the bath-rooms and the process of bathing.

To the end, also, that frequent and unexpected inspection by the officers of all parts of the institution be as much as possible facilitated, such means of intercommunication are necessary, and should be arranged for from the outset, in a manner to suit all probable future increase of the population.

In a hospital building for whose patients the manner of their daily and nightly life is of such paramount importance as compared with the influence of drugs alone, the plan should embrace every practicable advantage in this direction.

These three thoughts occur:

With all the usual provision for patients to be out of doors, they necessarily, when we take both pleasant and inclement weather and seasons into the reckoning, spend the greater part of their time in the wards or corridors. These are often flanked on both sides with the dormitories or single sleeping-rooms, and in a stretch of seventy or more yards, direct light is admit

ted only at the ends and in the middle by alcoves or into little used sitting-rooms. In view of sunlight being as necessary to animal as to vegetable life, to man as to the potato, this arrangement seems faulty. Could not a desirable end here be reached by a farther separation of the day from the night space, perhaps to the extent of putting them into different stories?

Then the over sight of patients and their care during bed hours should be more easy and thorough than it is possible to be when they are scattered through many small dormitories. Not only the epileptic, the suicidal, and those acutely ill with intercurrent diseases should be thus provided for in a plan of the building, but more of the others should have ground for the pleasant and wholesome conviction when they surrender themselves to sleep at night that they will not have unrestricted liberty in any injurious actions suggested by erratic dreams or more erratic delusions.

By the size and relative location of bed-rooms, a night service should be possible which is both easy and complete; the placing of an attendant in a room adjoining an associated dormitory with a communicating door, is not unlikely to prove a broken reed when the unexpected emergency arises.

The third idea here is, that attendants, especially those for the excited patients, should have their rooms and their meals out of the wards where their work is. The care of such persons is an exacting service, and he who engages in it should daily enter upon it refreshed in body, mind and heart, capable of giving to it all his powers in their best state. The conditions for repairing the waste incident to the faithful performance of this work, are hardly found in the presence of the insane, where constant vigilance and activity are required. This end of elevating the nursing rather hinted at than

fully stated in the manner of its attainment by structural arrangements, is, I believe, of sufficient importance to deserve the attention of those called upon to plan a hospital.

In view of the destruction by fire in this country, during the last few years, of buildings in which the helpless were supposed to be sheltered, but in which not a few of them perished, it is a reasonable demand, that such buildings should be made fireproof, at least to the extent that every life might easily and certainly be saved, however sudden and great the emergency.

EDITORIAL NOTES AND COMMENTS.

Dr. Godding on Progress in Provision for the Insane for the Past Forty Years in America.

The present number of this JOURNAL contains an interesting article by Dr. Godding in his most graphic style. As it purports to be a history, we feel it to be our duty to call attention to certain statements, which, in a memorial record of the Association, claiming to be a history of progress in provision for the insane in this country, are, to say the least, misleading. Of course, our principal concern in this rejoinder, if it be such, is to vindicate history as well as the course of the Association of Medical Superintendents, and to place the action of the Association in its proper light. The more do we recognize this duty as the Doctor at the outset introduces his remarks by asking, "What are we doing in the Master's Vineyard?" adding: "It is time to take an observation and to see what speed the good ship launched forty years ago, has made, and how, and where and whither she is drifting." Again he says: "The question that we are called upon to answer to-day is, what is the real progress, if any, which has been made during the last forty years in our provision for the insane in America in its completeness and in its character? It is that which I am here to discuss."

Dr. Godding's paper is a palmary example of the "art of putting things." To be asked to give a history of the progress in provision for the insane in America for the last forty years, was not necessarily to be put upon giving an "excuse for being" of the Association of Medical Superintendents. The *raison d'être* of that Association, as of any association for benevolent,

economic or scientific purposes, is mutual assistance and information and the formulation of results of the general experience.

In giving a summary of the institutions, including those of Canada, in existence when the Association was organized, he says: "Twenty five in all, of which, only thirteen were distinctly State hospitals, having in 1844 a population of about fifteen hundred insane, out of some seventeen thousand in the country."

We find from statistics of that date, (See JOURNAL OF INSANITY, Volume I, page 80,) that there were 3,348 patients in the institutions then existing in the country, and we find no evidence except the census of 1840, which was shown to be very defective, to justify the statement that there were seventeen thousand insane then in America. The census of 1840 to which we refer (JOURNAL OF INSANITY, Number I, page 72,) gave 4,333 white insane and idiots supported at public charge, 829 colored insane and idiots at public charge, and 10,192 white insane and idiotic supported at private charge, and 2,103 colored insane and idiots at private charge. If there were then seventeen thousand insane, which we do not believe, there were nearly five thousand of them in the care of hospitals.

The Doctor gives the list of the superintendents of that period, and declares them all not only to have been "live men" but "each one a giant." With this every one must agree who follows up their active and useful lives. But he adds this rather curious statement: "At that time it had not occurred to the members of the Association that it was necessary to have propositions authoritatively enunciated on any subject." The "propositions" statedly put forth by the Association would seem to be a sort of *bête noire* to Dr. Godding, and he can not forbear to show this by assailing them,

while at the same time he is obliged, on the whole, to defend their main principles, such as the duty of the State to provide for all the insane within its jurisdiction. He does not seem to realize that to formulate the results of scientific research, as far as experience has gone, is not to cut off further discoveries. He gives the following as an illustration in regard to the propositions. "In the early days of a religion, men go to the stake for a belief so simple and firmly held that they write it down only in their lives; in the latter stages of that religious development, zealots get together and crystallize out their warring beliefs into written creeds." Yet we find that in 1851, the Association—those very "giants" or "zealots"—did formulate "propositions" which, to use the language of Dr. Godding, "embodied the most approved ideas in regard to hospital construction and arrangement, and so afforded a basis for most liberal plans of which the several States about to build hospitals wisely availed themselves." He doubts if "one is required to enunciate anything," and adds: "When I come to reverently lay a garland on an altar of the past I certainly shall not rudely attempt to overturn it, but I may be permitted to regret that the religion which reared it is extinct. There is always a danger in regard to propositions."

In what sense have the propositions become obsolete like that "altar of a past religion" that has become extinct? Take those propositions upon which Dr. Godding says most of the hospitals built after 1851 were planned, and which he declares "in their admirable arrangements are almost models to-day;" is there anything to prevent their enlargement and extension to all actual requirements from time to time? Indeed, is not this the actual history of these very hospitals? Dr.

Godding lays too much stress on the limitation to 200 patients; certainly no "law of Medes and Persians," for it was afterwards modified to 250 and again increased to 600. It never formed any obstacle to progress. It was no *law* for construction of hospitals but a simple suggestion for the highest degree of efficiency in the majority of institutions required at that time.

We object to the following statement of Dr. Godding:

> It is noticeable that the ideas of what the provision for the insane should be were regarded as authoritatively settled by the Association. Heresy was not tolerated in those days and whoever meddled with the ark of hospital construction was stoned. It is interesting, and in the light of modern changes instructive, to note in the proceedings of the Association, in 1855,* how an erring southern brother, Dr. Galt, of Virginia, was dealt with on this subject. Whoever reads the "Farm of St. Anne,"† now will find a picture not wholly uninviting by contrast with what he may happen personally to remember of certain prison-like aspects in the midst of all the comfort and elegance of the New England hospitals of that day, but after the reception it met with at the meeting of the Association, it is certain that no "St. Anne's Farm" in America marked an era of progress in provision for the insane of that generation.

The editor of this JOURNAL was present at that meeting, and the questions discussed had no reference to the propositions of 1851 and 1853. The discussion arose out of a memorial by Dr. Brown, of Bloomingdale, on Dr. Francis Bullock, in which "he took occasion to animadvert upon some of the views expressed in an article published in the April number of the JOURNAL OF INSANITY, 1855."

Any one who turns to the paper of Dr. Galt, in the JOURNAL OF INSANITY, Volume XI, and to the proceedings, Volume XII, will see first, that the editor of this

* See JOURNAL OF INSANITY, vol. xii, p. 39.

† "The Farm of St. Anne," by John M. Galt, M. D.—JOURNAL OF INSANITY, vol. xi, p. 352.

JOURNAL was quite as much the subject of criticism and attack for publishing the article referred to, as the "erring southern brother, Dr. Galt," its author. It is proper to say, there was no north or south then in the Association, and no erring medical brethren, as there are none now. Men differed in opinion then as they do now. History should be reasonably accurate. Our readers can not all readily turn to the XIIth Volume of this JOURNAL, and we, therefore, reproduce the whole of the expressions in the paper of Dr. Galt which were the basis of criticism.

We here quote: Dr. Brown then read from the April number of the JOURNAL OF INSANITY, as follows, from page 353:

> Even as it is, on going from some institutions, which I could mention, to those of New England, the latter, by the great contrast which they afford in this respect, appear mere prison-houses, notwithstanding their internal attributes of comfort and elegance, and a general management and systematic action in which they are superior to the asylums referred to, and, in fact, have few equals anywhere.

Also from the page following:

> Would that the friends of the poor lunatics could be convinced of this deficiency; America might then have the honor of establishing at least one new principle in the government of those laboring under mental alienation. Up to this time what has she done in this respect? Absolutely nothing, must be the true answer of every unprejudiced mind. Whilst, indeed, those entrusted with the supervision of the insane, and particularly those at the head of the most richly endowed asylums, shall deem the true interests of their afflicted charge not to consist in aught on their part but tinkering gas-pipes and studying architecture, in order merely to erect costly and at the same time most unsightly edifices—erections at which Mr. Ruskin would shudder—so long may we anticipate no advancement in the treatment of insanity, as far as the United States are concerned.

There was nothing in the discussion about St. Anne or the numbers that should be provided for in hospitals. There was no attack upon progress or upon Dr. Galt or the farm of St. Anne. The paper of Dr. Galt was merely an account of the farm of the hospital of the Bicêtre in Paris and that of Gheel in Belgium, not from personal visitation by the author, but from what he had read. The discussion was confined to certain questions of fact touching Dr. Galt's remarks about New England Hospitals. The men of that period were neither arbitrary nor intolerant, but on the contrary, were men of breadth of view and magnanimity, and utterly incapable of such a spirit as is imputed to them by Dr. Godding. Dr. Galt was not "stoned" nor sawn asunder, nor was he driven to the horns of the altar for refuge. Such high priests as Bell, Ray and Workman really defended him in the open congregation, though they were themselves chief among the "tinkers of gas-pipes and students of architecture." Dr. Ray, after some palliative remarks on Dr. Galt's statements declared that "It might have been well if the managers of the JOURNAL had entered their *caveat* against the assertion that the hospitals of New England have a very peculiar and prison-like appearance." Dr. Kirkbride declared "such a wholesale slander on the gentlemen who managed the institutions of New England should not have found a place in the JOURNAL where it appeared." Dr. Nichols, of the Government Asylum at Washington, "Did not know why the institutions of New England were particularly specified as presenting the appearance of 'mere prison-houses,' for a greater number of essentially the same sort of structures may be found out of the Eastern States, than within their borders; and he believed that a very general concurrence of views, in regard to the proper organization

and management of such establishments, happily prevailed among nearly all their medical directors."

"He might," Dr. Nichols added, "say of the construction and management of New England institutions, and their extreme opposites, wherever found, happily few in number—

> Look here, upon this picture, and on this;
> * * * * * *
> And what judgment
> Would step from this to this?"

And then he referred to the characters of Drs. Ray, Bell, Earle, Jarvis and Kirkbride, to show that something had been done for psychological medicine in this country in comparison with that of other countries, and closed by saying that "America had done much that should excite the gratitude of her children, something that should command their respect, and nothing becoming in them to contemn."

Dr. Fisher, of North Carolina, called for the reading of the "offensive remarks" of Dr. Galt, and the sentences already quoted were read. He then said:

> That he regarded the statement made by the writer rather in the light of a mistaken opinion, than that of a misstatement of fact. He would say that the opinion cited from the JOURNAL did not correspond with his own impressions when he visited a number of the institutions of New England. With due deference, however, to his excellent friend, Dr. Kirkbride, he would say that he thought him rather denunciatory of the remarks quoted.

We are always sorry to spoil fine writing, but we can not think the facts set forth justify such a backhanded compliment to the far-sighted men whose names figure in that record; who, while many of us were in psychological swaddling clothes, were working out the great problems which have stretched down from them to us, respecting the care of the insane. We enter a *caveat*,

taking the advice of the veteran Ray, even though such fine writing is aimed at so arrogant and tyrannical a proceeding by the Association as formulating from time to time the progress of experience in propositions for guidance. We believe in the past and in the present, and while we are quite willing to be led out of Egypt into a land of promise by any Moses, we are not willing under any shower of praise to listen in silence even to "giants" of the present day traducing our ancestors.

The Association had been in existence eleven years. There is no record anywhere to show that they ever treated matters of construction either as a "heresy" or a "dream." The enlargement of the plans of hospitals was a current fact. In 1851, when the propositions were announced, Utica, Worcester and a number of institutions had more than two hundred, and there was constant and steady development also on the lines of 1851; and among the propositions of 1853, was one in regard to the number of physicians and other officers desirable in institutions containing more than two hundred patients. The enlargement, therefore, of plans of hospitals was nothing sudden, and certainly did not wait for 1866.

What Dr. Galt said in his paper about St. Anne, to which Dr. Godding refers, was nothing new. It was known to members of the Association and to some of them by personal observation. It was simply an account of a farm to which the patients of the Bicêtre were taken out of the hot city of Paris. Dr. Galt could, at any time, have seen St. Anne if he had turned his eyes upon many of the institutions of his own country. Indeed, one of the propositions of the Association which Dr. Godding alternately eulogizes and condemns, declared the necessity of a farm.

No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by any State hospital, or other institution, for two hundred patients, *to which number these propositions apply, unless otherwise mentioned.*—[The italics are ours. EDS.]

The Government Hospital, from which Dr. Godding has penned his panegyric, had more of a farm in 1855 than that of St. Anne. Dr. Nichols in a report to the Secretary of the Interior, dated December 24, 1852, (JOURNAL OF INSANITY, Volume 9,) says:

A site for the hospital of the District of Columbia, and of the army and navy, comprising a farm of about one hundred and ninety acres of land, situated on the southeast side of the eastern branch of the Potomac, nearly due south from the Capitol, and about two miles from it in a direct line, has been selected and secured by absolute purchase and full payment, in the sum of *twenty-seven thousand dollars.* * * * * * The farm purchased is under a high state of cultivation, with a large number of choice, well-set young fruit trees upon it.

In 1873 this farm had reached 419 acres, and with the out-buildings and wall represents many thousands.

In 1874, Dr. Nichols speaks of expenditures that year beyond the current expenditures, of $46,712.22, "in the erection of a large and very superior stock and hay barn," and materials for hog-barracks, grazing, sheds, poultry houses and other improvements.

There were then but few institutions without farms, and as Dr. Nichols in 1852 stated: "Nearly every one has a hundred acres attached to it, and several of them many more." And yet not content with this opening thrust at the early fathers of the Association, Dr. Godding, near the close of his paper, repeats "we may yet see rural pictures of lunacy that shall pleasantly recall the Farm of St Anne without its *recriminating* contrasts, and that Dr. Bemis, of Massachusetts, may at

last be consoled for the cottage home that he saw in his mind's eye." What Dr. Bemis saw in his mind's eye, we shall not undertake to say, but certainly the writer could not mean that Dr. Rockwell's purchase of a timber lot thirty years ago, or the cottage at Hartford Retreat, is evidence of a new régime altogether. Has he never heard of the cottages long before built by Kirkbride, or of the system of Dr. Cutter at Pepperell, Massachusetts, or of the cottages and home-treatment of Dr. Russell at Winchendon, and others?

The JOURNAL OF INSANITY, Volume XI, contains remarks of the Hon. John G. Davis, of Indiana, in the House of Representatives, February 22, 1855, in regard to the United States Government Asylum for the Army and Navy, an eloquent address, in which he speaks of the thirty-three public institutions in the twenty-three different States of the Union, and says: "Sixteen of these institutions have gone into operation within the last fifteen years, and all with precisely the same internal and external *régime*." He then adds:

> This uniformity, sir, did not arise from a blind imitation of some early example, accidental in its character in all subsequent enterprises of the kind, but is the natural result of mature experience interpreted and applied by men actuated by a sincere and enlightened benevolence. * * * Finding our prototypes in the mother country radically defective, and there being here no prejudices of custom to overcome, as abroad, our countrymen lost no time in making such modifications as experience suggested, and were not long in reaching the present *régime*, the basis of which is the domiciliation of the patients and the whole household engaged in their care, with the superintendent, to whom is confided the requisite authority, and upon whom is laid the responsibility of a humane and skillful direction of his charge. Practically, the simple and efficient system of executive government which prevails in American asylums creates a family, of which the physician-in-chief is the head, to whom is confided the entire direction of the medical and moral treatment of the patients, and

of the duties of all persons engaged directly or indirectly in their care.

These words could be taken as a true description of the American institutions of to-day.

The Government Hospital itself was from the start constructed on the principles of other institutions existing at that time, and of the present, and in one of the reports of the Secretary of the Interior to Congress these words are used:

The plan originally adopted, which was on a magnificent scale, has been adhered to and steadily pursued until we find ourselves in full view of its completion.

This hospital must, therefore, be considered as one of Dr. Godding's "Cathedrals of Lunacy." It stands a representative structure on a magnificent scale, and is called by Dr. Nichols "Collegiate Gothic;" not one of the structures of the "men of '66;" nor is it the cheap structure which one might infer from the invitation to "Come to Washington and see what can be done with small appropriations. * * * See the provision which has been made there with limited means from the start." Let us see. In the report of 1875 of that institution, Dr. Nichols says that the "original hospital edifice and two separate out wards, erected at the same time were designed for 290 patients, and cost, furnished and fitted up, exclusive of land and outbuildings, $406,848, or $1,403 per patient," and he presents plans for its extension for 250 patients more, at an estimated cost of $395,000, or $1,580 per patient," and adds, "In submitting so low an estimate for this structure we have considered the advantages of our local and special experience in executing similar work," &c. In the face of this Dr. Godding says:

Such temples of philanthropy are creditable to the hearts that reared them, but I think we may set it down as an established fact, that although religion will still require churches and chapels for public service, the world, unless exceptionally, has done building cathedrals either for devotion or philanthropy; convenient places of worship that do not tax the parish too heavily for their construction will be preferred to more ostentatious fanes.

But Dr. Godding also says:

I certainly would not say that our hospitals for the insane have, as a whole, been extravagantly built. I am sure that we shall all agree that in one respect the men of the first era (sic) built well, nay, even "builded better than they knew," when they planted these liberal hospitals for curable cases in the midst of farms and grounds so extensive that they now afford ample room for the asylum *homes* (sic) for the chronic cases, which in future years will grow up around them.

It "may be set down as an established fact" that the people of their abundance will still give to the erection of temples in which to worship their Creator, and States will still spread their philanthropic arms about the poor and helpless; not the cold embrace of parsimony, but the soft and comforting embrace of plenty. When Macaulay's New Zealander stands on London Bridge, contemplating the ruins of St. Paul's, people will have abandoned cathedrals and churches, and taken refuge in cheap worshipping places.

As already stated, one of the most extraordinary features of the memorial of Dr. Godding, is his frequent reference to the "propositions" for the size of buildings, as though they embarrassed and hampered the action of States in the erection of institutions of a suitable capacity. Secondly, and particularly in what he says of the Convention in Washington in 1866, he warrants the inference that the tendency of the Association was not to care for all the insane, and that the proposition limiting the size of asylums was a barrier

to the widest treatment. This, in the light of facts, is simply ridiculous. There never was a time when the Association did not maintain that all should be provided for. He admits in his own article that no member had ever maintained otherwise. He says:

> The medical superintendents of institutions for the insane as a body, individually and collectively, and without a single exception, have put themselves on record, again and again, as demanding that the State should make the best possible provision for every insane person within its jurisdiction, whatever the form of the disease, acute or chronic, curable or incurable.

It is somewhat amusing to see the amount of rhetoric expended by Dr. Godding upon the rejection by the Association in 1866 of a proposition to make special provision for certain cases of chronic insane. He says:

> Dr. Butler, of Hartford, Connecticut, in an eloquent address on the claims of the chronic, and presumably incurable, insane, delivered before the Association at the meeting in 1865, Dr. Cook, of Canandaigua, N. Y., in a glowing picture of the provision for the insane poor of the State of New York, read at the meeting in 1866, and Dr. John B. Chapin, in an admirable *résumé* of the whole subject in 1867, led the forlorn hope in an appeal for a change in the propositions of 1851 and 1853, a change that involved the enunciation of new ones in favor of distinct provision by the States for their chronic insane, a proposal that was almost unanimously rejected by the Association.

The remarks of Dr. Butler were wholly with reference to Connecticut. Dr. Butler said:

> They had in Connecticut five hundred cases which ought to be under hospital treatment. During the past year the incurable had pressed upon them (Hartford Retreat), so that the question had arisen, "What shall we do with them?"

He suggested two plans: to build another institution for curable cases, which "He believed it impossible to obtain the means to enable them to do;" (the State did it, however.) The other—

The Legislature had entertained the question and the present proposition was in favor of a farm for an incurable institution, where patients can be suitably cared for, and perform some labor which would partially meet the expense of their support. For the present he expected to have a State farm, with all the other appliances necessary for the care of incurable patients. He believed there was not an institution in the land in which incurables did not embarrass the care of the curables.—(AMERICAN JOURNAL OF INSANITY, Vol. 22, page 69.)

A discussion followed, participated in by Drs. Kirkbride, Curwen and Reed, of Pennsylvania; MacFarland, of Illinois; Drs. Tyler, Walker and Choate, of Massachusetts; Drs. Peck, Gundry and Hills, of Ohio; Dr. Chipley, of Kentucky; Drs. Douglass and DeWolf, of Canada. With the exception of Dr. Hills, they all dissented from the views of Dr. Butler in regard to establishing a hospital for incurables. (Page 69–74.)

"The discussion was brought to a close by Dr. Butler moving the following resolution:

"*Resolved*, That a committee of three be appointed to take into consideration the condition of the chronic and supposed incurable insane, and the best possible arrangement for their custody and treatment, and to report at the next meeting of the Association.

"Drs. Butler, Walker and Curwen were appointed such committee."

Dr. Cook's paper read at the meeting of the Association in 1866, (JOURNAL OF INSANITY, Volume 23, page 45,) recited the fact that the State of New York, in 1864, ordered an investigation into the condition of the insane poor in the poor-houses, etc., by the Secretary of the State Medical Society, Dr. Willard. He referred to the report made in 1856 by a committee of the Senate upon the same subject, and quoted from the message of Governor Fenton to the Legislature in 1865, suggesting the propriety of establishing an institution for incurables, viz: "an institution that should relieve

the county authorities from the care of the insane, should be deliberately considered." The Governor further stated in the message that there were 1,345 lunatics confined in poor-houses or poor-house asylums, nearly all of whom were incurable. Dr. Cook then adds: "The question being thus presented to the Legislature, the result was the creation of the Willard Asylum for the Chronic Insane, and for the better care of the insane poor," by an act passed April, 1865. Dr. Cook maintained that the Willard Asylum was—

> Designed to supersede the system of providing for the chronic insane in the poor-houses. * * * * * * When it shall be completed no more chronic insane will pass from the care of the State asylum to the county poor-houses. The law will then provide for their continued care and treatment by sending them to the Willard Asylum.

Dr. Chapin's paper on Provision for the Chronic Insane Poor (JOURNAL OF INSANITY, Vol. 24), was read in 1867, a year afterwards. It is not quite plain how he could have helped to lead a "forlorn hope" at the meeting in 1866.

At the meeting of the Association in 1866, Dr. Butler being absent, Dr. Walker, on the part of the committee, presented a series of five resolutions providing that the State should make provision for all the insane whose families could not provide for them; should locate their hospitals in the center of districts; should "not attempt to make the labor of the insane pecuniarily remunerative or even as a primary object contributive to their support." That "no class of insane, except that of chronic and advanced dementia, should be cared for otherwise than in hospitals properly constructed, equipped and organized." That "demented persons in whose cases the disease is chronic and advanced, may, with propriety, be provided for in

institutions other than hospitals, but always in buildings constructed expressly to meet the requirements of their particular condition," etc., to secure them from abuse and neglect, and that they should be "under the entire control of a competent resident physician."

This was all the committee had to offer to the Association. We take the following from the proceedings:

Dr. CHIPLEY, of New York. I move as a substitute for the resolutions just read the resolutions adopted by a Convention of Superintendents of the Poor of the State of New York, in 1855, as follows:

Resolved, That the State should make ample and suitable provision for all its insane.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or alms-house, or other receptacle provided for paupers, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments. This relief should be commensurate with the demand.

The substitute, after discussion, was adopted almost unanimously. (See AMERICAN JOURNAL OF INSANITY, Volume 23, pages 147–9 and 247. Senate Document No. 17, 1856, pages 1 and 2.)

What the Association, therefore, did at Washington, in 1866, was simply to endorse some of the propositions of the Superintendents of the Poor of New York, enunciated by them in 1855, by substituting those propositions for the proposition of Dr. Butler's committee. We must insist on the whole truth in making history and can not permit Dr. Godding to give them as though they originated with the Association of Superintendents in 1866. Those noble utterances belong to the Superin-

tendents of the Poor of the State of New York, assembled in Utica in 1855, antedating the action of the Association eleven years. The Superintendents of the Poor, therefore, were the men who "went down from New York to Albany and found the chronic insane that the hospitals had cast forth to make room for recent curable cases, lying with others whom hospital care had never reached, wounded and bleeding by the wayside, forgotten in alms-houses, festering in cages, loathsome with neglect." They, too, were *real* Samaritans. They did not propose to put them in any cheap place, but like the Samaritan of old, would send them to an inn that they might fare as he had fared himself.

This was in 1855, not in 1866. Such derogatory language as Dr. Godding has used was not applicable to New York in 1866, if it ever had been, and we can not permit such perversion of history in a memorial service to go out to the world uncontradicted.

In solving the great question of taking care of all the insane, New York was neither the laggard nor the contemptuous Pharisee. She had taken the lead among the States, both in inquiry and action. We can not, therefore, be silent or indifferent to such misrepresentation or non-representation of the State of New York. One unfamiliar with the real history, as Dr. Godding seems to be, would infer from his remarks that not until 1866 had that great State proposed the care of all its insane, and that it had taken no steps in the matter until that time; that it had been slumbering in conscious satisfaction, and was suddenly awakened out of a Rip Van Winkle dream by "the men of '66," whoever they may have been, and a pious pilgrimage arranged "to go down from New York to Albany," in behalf of that benighted State.

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The truth of history is that this work had already been done in New York before the meeting at Washington in 1866. It was commenced in New York by Miss Dix. And we would here remark that it is extraordinary, in a memorial purporting to give the history of progress in the care of the insane, that this lady should not even be mentioned. She was the angel of mercy who first visited, as an "individual," the poor-houses and jails "and those forgotten in almshouses, &c." It was she who went to the legislature at Albany, before the Association had an existence, with a memorial in their behalf, presenting the most powerful appeal ever brought before a legislative body. It was the pathos of the facts given by her which touched the hearts of men and aroused the Superintendents of the Poor to action, they being the legal guardians of these people, and set men in action in behalf of the suffering insane throughout the State.

It was not with her a spasm of philanthropy, but a quiet, deep determination to do and to keep doing until the great work was complete. Through her influence as a starting force, and the aid of others, the institution at Utica was enlarged. The discussion of the care of the chronic insane was never lost sight of, as abundant public documentary matter would reveal. (See annual reports of Utica Asylum.) Nor was it the Association of Superintendents of Asylums who proposed to make the relief of the insane commensurate with their necessities. Neither was it Dr. Godding's "men of '66." It was the Superintendents of the Poor of the sixty counties of the State of New York, in 1855, who led the way and enunciated the wholesome and humane sentiment, and then and there uttered their protest against further wrong. In their memorial to the legislature, they pointed out the evils of the system existing

and declared that as the law of the State made "the duty of providing for these unfortunate persons compulsory upon your memorialists, and not optional, they would be wanting in their duty to their fellowmen, did they not present to your consideration the nature of the relief for which they pray," etc. They asked relief, therefore, for all. We cite their own words:

> The justice of the claim for aid of every insane person should be unquestioned. Whether in the acute stage of the disease or the chronic; whether mild, excitable or paroxysmal, they are objects of *special care*; and it should be provided to the fullest extent for all not in a condition to reside in private families. * * * * How this may be accomplished, has been the desire of your memorialists briefly to set forth, by showing that the relief must be of a *special nature*. This implies institutions especially adapted in their construction and association for the purpose; which, by their order and quiet, may afford moral treatment, while intelligent medical direction should control their operation.
>
> In view of the urgent demand that has been presented, your memorialists, in conclusion, do not hesitate to recommend that your honorable body will at once cause the immediate erection of two State lunatic hospitals, so located that they may accommodate the largest number of insane at present unprovided for, and so relinquish the undersigned the pain of longer continuing a system fraught with injustice and inhumanity.

The Superintendents of the Poor also unanimously adopted the following resolution February 21, 1855:

> *Resolved*, That this convention do *unanimously* recommend to the Legislature the establishment of an asylum for such insane persons as can not be received by the present "State Lunatic Asylum" but more particularly for the reception of such patients as have been discharged therefrom uncured. (Senate Doc. No. 17, 1856.)

It was this body, therefore, that issued the famous proposition which deserves to be written in golden letters on the escutcheon of every State: "That the State should make ample and suitable provision for all

its insane not in a condition to reside in private families." It was this body that stepped forth in the State of New York recommending the Legislature to create a special institution for the reception of the chronic insane then in the county houses. It uttered no shibboleth of "attainable good" or "unattainable better" but proclaimed the emptying of the poor-houses, jails and prisons, and the erection of the necessary institutions for the care of all. The writer was present as an "individual" at the convention of the Superintendents of the Poor, both in Syracuse and in Utica, in 1855, and participated in the discussions.

The action of the convention was at once followed up. Some of its members went to Albany with memorials and urged this duty upon the Legislature, out of which grew the Legislative Committee of the Senate, who visited the poor-houses, jails and prisons, made an elaborate report, and portrayed in pathetic appeal the sufferings and necessities of these people, and in this they were aided and sustained by other county authorities and the officers of asylums.

A bill was introduced into the Legislature providing for the establishment of two State institutions, one east and one west of Utica. This bill failed the first year, but was again presented and pressed without abatement until at last it succeeded. This was the golden age which inaugurated the benevolent scheme and raised the universal cry for universal care. This was the sentiment which aroused action in the State of New York, and which has never ceased to animate it, and this was the origin of the Willard Asylum, authorized in 1865, an institution which was born before the waking up of the "men of '66" or the "dream" of Dr. Godding, or even the "address" of Dr. Butler in

behalf of Connecticut, which Dr. Godding is inclined to credit to New York.

But New York did not pause with Willard, nor did she change her long conceived purpose. In 1865, the bill for two asylums was introduced, and while considering it, it was deemed advisable to create only one asylum then, and this for the chronic insane, to be called the Beck Asylum after the distinguished scholar and jurisprudent, Dr. T. Romeyn Beck, and the name was changed to Willard* at its final passage. New York went on with her noble work, not waiting for "propositions," or "eras," or the "men of '66;" she authorized Poughkeepsie Asylum in 1866, Buffalo in 1869, and Middletown subsequently, all of which are general hospitals for the insane, and Binghamton Asylum for Inebriates, reorganized and reconstructed to follow the plan of Willard.

In addition to this, the State Board of Charities has authorized no less than fifteen county asylums for the chronic insane, in which there are 1,316 inmates.

It will be observed that there were in 1864 in the poor-houses and poor-house asylums 1,345 insane, nearly the same number now in the county asylums authorized by the State Board of Charities.

It is certainly apparent that the system of the Willard Asylum did not fulfill the hopes of Governor Fenton to "relieve the county authorities from the care of the insane." On the contrary it permanently fixed a system in the State of New York of State and county care. Whether wise or unwise, it was adopted, and as a result we have a system partly of State and partly of

* Dr. Willard died quite suddenly and the honor of the name was transferred from Dr. Beck to him. He had simply, as a public official, made up this report from the data furnished him by physicians and Superintendents of the Poor in the various counties.

county asylums, the latter largely dominating. But we have practically universal care. The last report of the State Board of Charities (1884, page 18), shows that there are now in the State 11,343 insane, distributed as follows:

	Males.	Females.	Total.
In the State Hospitals for Acute Insane,.....	761	734	1,495
In the State Asylums for Chronic Insane, ...	1,018	1,134	2,152
In City Asylums and City Alms-houses,.....	2,065	2,951	5,016
In County Asylums and County Poor-houses,...	797	1,072	1,869
In private Asylums,.....	206	352	558
In the Asylum for Insane Criminals,.....	135	9	144
In the State Asylum for Insane Emigrants,.....	63	46	109
	5,045	6,298	11,343

Of the above, as shown in the report, 553 are in the county poor-houses. Those however, are undoubtedly of a class which would have been included in the Butler Committee "proposition" of 1866, which the Association, Dr. Godding says, "almost unanimously rejected;" namely: "No class of insane *except that of chronic and advanced dementia* shall be cared for *otherwise* than in hospitals properly constructed, equipped and organized."

Dr. Godding in summing up the results of forty years, says:

> To-day there are probably not less than one hundred thousand insane within the limits of the United States. The increased provision will probably afford good accommodation for thirty thousand inmates, and at the date of the United States census in 1880, forty thousand nine hundred and forty-two were crowded into these hospitals, including the insane departments of alms-houses, leaving the majority still to be provided for, as in 1844, indiscriminately huddled in alms-houses, in jails, in cages, and adrift in the community. Thus far only, then, have we come in our progress in provision, in forty years.

Whatever may be said of other States, New York is not behind in this great work. If she has five millions

of population, and there are one hundred thousand insane in the United States, in a population of fifty millions, she has her full share in the 11,343 insane which she is taking care of under "enlightened supervision," and under an organized State system. Her skirts are clear. With all respect to Dr. Godding as a historical memorialist, we can not believe that in other States "the majority are still unprovided for, and indiscriminately huddled in alms-houses, in jails, in cages and adrift in the community."

It is always better to adhere to historic facts than to practice undiscriminating eulogy. We regret to see such a jumble of history in such a memorial paper, forces of importance laid aside or not mentioned, and unimportant things magnified into moving powers, the memorialist struggling and quibbling with a resolution of the Association about the numbers that ought to be in a hospital, as though it were a great detracting influence; while, as we have already said, leaving out the efforts of Miss Dix, who, as an "individual," gave her time, character, influence and means to this very subject, not only in the State of New York, but in almost every State in the Union—the woman whom the Secretary of the Interior of the General Government invited with Dr. Nichols to locate the Government Hospital at Washington.*

* "Having succeeded, I also invited Miss D. L. Dix, a lady no less distinguished for high intellectual qualities than for her benevolence, and whose name is inseparably associated with this particular department of philanthropy, to give us the benefit of her advice and experience in the selection of the best location for the asylum. To this proposition she kindly acceded, and after a very minute examination extending through a period of a fortnight, concurred with Dr. Nichols in recommending the farm of Mr. Thomas Blagdon. * * * * * Neither the President nor myself had previously visited this farm, but at the suggestion of Dr. Nichols and Miss Dix we examined it carefully, and came to the conclusion that it was incomparably the best location."—(Letter of the Secretary of the Interior to Congress, December, 1852).

In regard to the stress laid by Dr. Godding upon the propositions of the Association in 1851 and 1853, of two hundred and two hundred and fifty patients to each asylum, we can only add to what we have said, that he has not shown that it had any influence whatever. The fact is, that proposition has had little or no influence before or since. It had nothing to do with crowding or overcrowding, with adequate or inadequate provision, and what Dr. Godding says as to his second "era" of hospitals, contradicts what he says in regard to this very proposition. When these propositions were uttered in 1851, Utica, an uncompleted institution, had 450 patients, and went steadily up to six hundred patients. (The original foundations laid were for buildings to accommodate one thousand.) The Government Hospital for the Insane, was projected in 1852. Dr. Nichols, the superintendent, says in his report for 1875: "The original hospital-edifice was designed to accommodate a maximum of 350 patients." This was directly in the face of the proposition of 1851, and in a subsequent report, when speaking of enlarging the asylum, he asks "An appropriation of $35,956 for the extension of the administration building," saying it was originally intended for a building with 350 patients, and not large enough to meet the wants of the extension of the wards. Michigan Asylum was projected in 1854, for 288, without any regard to that proposition.

We know of no instance where a State was controlled in its action by this proposition. In connection with this point one would imagine from the statements of Dr. Godding that at the meeting of the Association in 1866, a great struggle had been made to get the Association to modify that proposition. Dr. Nichols introduced a resolution to make the

number a thousand for each institution, which was afterwards dropped to six hundred, and passed, with little opposition. Among those who steadily voted *against* the proposition of Dr. Nichols to increase the number from 250 to 600 was Dr. Cook, who was one of the final six non-concurring. The "proposition" of the committee, Drs. Butler, Walker and Brown, recommending separate provision for certain chronic insane, at that meeting, or, as Dr. Godding puts it, "in favor of distinct provision by the State for their chronic insane" was not passed. We have already shown what that proposition was. The Butler committee contemplated separate provision only for "chronic and *advanced* dementia," and to be cared for in "buildings other than hospitals." The Association emphatically condemned the proposal of their committee, not because they were *functus officio*, or were tired of formulating propositions, but because they would maintain a consistent witness to settled *principles*. It declared "the facilities for classification *or ward separation*, possessed by each institution, should equal the requirements of the *different conditions* of the several classes received by such institutions, *whether those different conditions are mental or physical in their character*," thus endorsing fully the broad ground laid down eleven years before by the Superintendents of the Poor of New York.* Dr. Chipley, of Kentucky, offered, as already stated, as a substitute, the resolutions of the Superintendents of the Poor of New York, published in 1855, which was carried. As the proposition of the committee was thus rejected, Dr. Godding bursts into anathema, as follows: "It was time that they had done with enunciating propositions for all time in one decade, that changing circumstances may require to be modified or repealed in the next." Suppose the As-o-

*See Proceedings, 1863, JOURNAL, Vol. 23, page 248.

ciation had enunciated *that* proposition? Then that body would have been "simply glorious," in Dr. Godding's estimation.

We can not allow Dr. Godding at this late day, in the light of history, to raise the issue or attempt to proclaim as a fact from the rostrum of a committee of the Association, that there ever was indifference or any dispute as to taking care of all the insane. The only question on which there was any difference either in the Association or out of it, was, as to whether all classes of the insane, in all stages of the disease, should be received and treated in hospitals together, or whether those that were supposed to be incurable should be placed in separate asylums. No other issue was ever raised in New York or in the Association. Some "earnest men" believed the States would not grant the means for the necessary expenditure for general hospitals, and as the chronic cases required less expensive structures, whether kept in the general hospitals or special institutions, it would be better to create two classes of institutions. Equally "earnest men" in the Association and a larger number, thought the States would meet the expense, and that universal provision could be as economically made by continuing the established method of enlarging the institutions from time to time; as expressed by Dr. Brown, of Bloomingdale, endorsing what the JOURNAL OF INSANITY had said, "expansion of the existing hospital system to embrace all of the class of the insane requiring the aid and support of the State." This was the whole of it. None of the helpless were to be cast out or "thrown to lions," or left "festering in cages or jails."

New York was not involved in the question discussed at the Association. As we have already stated,

a year previously she had determined on two classes of institutions by the Legislative enactment entitled: "An act to authorize the establishment of a State asylum for the chronic insane and for the better care of the insane poor, to be known as the Willard Asylum for the Insane," and had appropriated $75,000 to commence the work. The writer was chairman of the commission to locate and give a plan for the Willard Asylum, with Dr. Jno. B. Chapin and Dr. Julian T. Williams. There was no necessity, therefore, for Dr. Godding's dream of a pilgrimage, in the spring of 1866, to "go down from New York to Albany" in the special interest of humanity in that State. The Willard Asylum, as we have shown, was authorized before the Association had taken any action; before Drs. Butler, Walker and Curwen were appointed to report on the subject of the care of the chronic insane, and Dr. Cook, in his paper read at that meeting so stated and quoted the act. The question for the Association of Superintendents, was simply whether it should follow the lead of New York and endorse her policy. Besides, there was no "forlorn hope" led by anyone, or ever needed in New York, as he represents. The Willard plan had been proposed by the Governor to the Legislature and passed without opposition, and was heartily espoused by such men as Judge Folger, Ezra Cornell, William Kelly, &c., and was in popular favor, especially as it proposed a less expensive method of provision, and further, no institution ever received more generous support in its inception and subsequent extension than the Willard Asylum.

We can not allow such an expression as this to pass unnoticed in a memorial service. Alluding to Willard he says: "See what, under the careful management, the energy and determination of one man, this establish-

ment, in spite of croaking and coldness, and opposition, has grown to be." After the policy of New York was settled in favor of two classes of institutions, and Dr. Chapin was appointed Superintendent, there was no opposition, neither was there any "croaking" or "coldness" before or after. If there had been, it would have been all the more out of place in such a paper, at such a time and in such a place, to refer to it.

The institutions of New York have grown out of the sentiment of 1855 which pervaded the people, and have become what they are under the united efforts of the officers of asylums and superintendents of the poor having immediate charge of the insane poor, sustained by the medical profession, both as individuals and as a State society. Whatever difference existed as to how the work might be best accomplished there was unanimity of aim and that aim was to provide for all. There were embarrassments, delays and impediments which came out of questions of public policy as to how rapidly the result could be reached or how it best could be accomplished. There were also embarrassments, confusion and delays from the agitation of iconoclastic reformers without experience, whom enthusiasm led to see in themselves the possibilities of coming centuries of psychiatry, and who were impatient of the conservative spirit determined to see the results of progress step by step. Again in a large measure, we are pained to say, evils have come from men who appeared in the light of detractors, scandalizers and pernicious agitators. The first kind of obstructiveness is healthful, the second inevitable, but can be got along with; the last is pernicious and poisonous, but nevertheless powerless on the whole against the steady progress of humanity which must in the end succeed. Again and again, these latter have

put themselves up as special reformers, opponents of the established progressive system of things, and assumed the guise of missionaries of new systems, or those of France, Scotland, England, or their own or all combined—anything, indeed, but the system in use; which was too old, or too new, too weak or too strong, too arbitrary or too loose. Their motto has seemed to be

Si perfectionem requiris, me adspice.

While alternately glorifying and depreciating the labors of our predecessors, and of the members of the Association down to the present time, Dr. Godding finally climbs to the loftiest heights of the Pisgah of psychology, and looks down upon the great general hospitals covering the land, with supreme satisfaction. At the same time he beholds these same institutions, with prophetic eye, crumbling like the Parthenon on the heights of the Acropolis at Athens: "Noble monuments of the past, but not habitations to live in." He fails to show, however, that the Parthenon was ever erected for a habitation, for either sane or insane. In this vision he sees the ghostly forms of the authors of these institutions hunting through the moldering rubbish for trinkets as testimonials of their former reputation. He espies, however, away from these, resting on the plains of the far-off west, at last the Mecca of his hopes, and exclaims, "Kankakee," "Kankakee," "Eureka," "Eureka." He sees in the structure of that asylum a great central institution receiving all classes of the insane—just what the Association originally proclaimed, the collection in a single hospital, under a single head, of all classes of the insane—and says: "Here may be seen buildings specially fitted for the sick, the epileptic, the suicidal, the quiet dement, the boisterous, the untidy, the paralyzed, in short, an

effort has been made here from the start, to differentiate the provision and to suit detached but associated buildings to the needs of every condition of insanity," certainly no separate institution for the insane of the chronic class.

Well, what is the result? After all the glorification bestowed on these experiments and their authors, Dr. Godding comes back at last to the very principle of the propositions of the Association. He adopts with enthusiasm, indeed, the same ideas that were suggested in the first annual report of Dr. Stephen Smith, the Commissioner in Lunacy for the State of New York, who sees the objection to a vast receptacle at some remote point in the State, collecting all the chronic lunacy as well as able-bodied laborers from the various hospitals of the State on to one farm; an enterprise placing a vast body of paupers out of all easy reach or sight of their relatives. At any rate, he makes a complete surrender of the "separate provision plan," and a triumphant vindication of the propositions of the Association. Of course, it must rest in the judgment of our boards of medical officers how best to secure the proper classification and *ward* separation with the least expenditure and friction compatible with the real welfare of the insane. This problem can safely be left in the light of experience to work itself out.

Is all this new which Dr. Godding has said?

Before the vision of "the men of '66," had appeared to Dr. Godding, the AMERICAN JOURNAL OF INSANITY, October, 1865, Volume XXII, immediately after Willard was authorized, pressed upon the State of New York the following recommendations:

The State should be apportioned into three sections, equal in population, and the insane of the central section sent to Utica.

Two hospitals for the treatment of acute paroxysmal or violent insane should be built, one in the eastern and one in the western section, whose sole architectural requirements should be perfect adaptability to the wants of hospital practice. Separate buildings, less expensive, and of similar construction, out of the hospital and disconnected with it should be provided for the quiet and filthy dements and paralytics. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it of from three to five hundred acres, to the cultivation of which the labor of patients should be particularly directed, both from economical considerations and the medical benefits to the insane of out-door life and occupation. Upon the farm there should be cottages for the employés engaged in the various agricultural and industrial departments of the institution. With these employes, the orderly, industrious chronic or the convalescent acute patient might reside. Such an arrangement would permit a certain degree of family-life and a larger liberty to this class than are compatible with the organization of the hospital proper. It might be found practicable, after due consideration, to withdraw a certain proportion of patients from the hospital and domicile them in cottages which could, in great measure, be constructed at small expense by the labor of patients themselves.

It will be seen, therefore, after all his wanderings and uncertainties, Dr. Godding comes to the recommendation of this JOURNAL in 1865, and recommends the very institution fashioned almost after the language then uttered in the "golden age of cathedrals." After all his dexterous manipulation of facts to the apparent discredit of the Association, he in the end comes down by way of Kankakee, squarely and openly into the camp of the dreaded propositionists like a prodigal returning home.

One thing more. Looking over the "evidences of progress," we find, Dr. Godding says, respecting the Government Hospital, that Dr. Nichols "made here the first distinct detached building for the colored insane in America, thereby placing his hospital provision *outside*

of the propositions by placing it twenty-five years ahead of his time and abreast of the requirements of to-day."

Pray, what proposition did this get outside of? The colored people in the various States, certainly in the State of New York, had always until then, and ever since have been received into the various State hospitals equally with the whites and have received the same treatment. Had the United States Government done less for colored people in the District of Columbia, then, it would have fallen far short of a plain simple duty. Dr. Nichols, in the original plan of the institution, recommended to the United States Congress, to provide "a Lodge" for the care of the colored insane instead of treating them in the wards among the white patients. In 1859, this Lodge contained, according to Dr. Nichols' report, 6 colored men and 11 colored women, and was so crowded that he recommended that another be built, and one be used for each sex.

At this day, from the Government Hospital this separation of the soldiers and sailors of the Army and Navy of the United States on account of color, would seem a strange proceeding to glory in, when colored men sit in the Legislatures of the States, in the Congress of the United States and in the United States Senate, and when recently a colored man was a most respected Marshal of the District of Columbia under appointment of the President of the United States.

Resignation and Appointment of Dr. Chapin.—Dr. John B. Chapin of the Willard Asylum, New York, has resigned the superintendency to accept that of the Pennsylvania Hospital for the Insane, at Philadelphia, as successor to Dr. Thomas S. Kirkbride. He left Willard and entered upon his duties at Philadelphia, September 1.

We deeply regret the loss of Dr. Chapin from the asylum service of this State. He has been associated with the care and treatment of the insane in New York almost continuously for thirty years. After completing a service in the New York Hospital, he was appointed as an assistant under Dr. Gray, at Utica, in 1854, where he remained until the close of the year 1857. He was then induced to take charge of an institution for the blind in Missouri. After two years he found this work uncongenial and relinquished it. On his return to New York he purchased an interest with Dr. George Cook and others in Brigham Hall, a private asylum, and remained there until appointed superintendent of the Willard Asylum, in 1869.

He has been associated with the Willard Asylum since its inception. In 1864, the Legislature of New York, on the recommendation of the Medical Society of the State of New York, authorized the Secretary of the Society to report the condition of the insane in the various poor-houses, alms-houses, asylums, etc., for the insane throughout the State. The law directed the Secretary to transmit to the county judge of each county a series of inquiries calculated to elicit the information desired, the county judge to appoint a competent physician to visit the poor-houses and other institutions mentioned, and report the answers to the Secretary of the Medical Society, Dr. Sylvester Willard, who compiled the information and reported to the Legislature. An act was passed creating an asylum for the chronic insane, and Governor Fenton appointed Dr. Gray, of Utica, Dr. Chapin, of Canandaigua and Dr. Williams, of Dunkirk, a commission to select a site and submit plans for such an institution.

Dr. Chapin heartily espoused the scheme and was an ardent supporter of the enterprise from the beginning.

After the plans of the central hospital building were approved, Dr. Gray resigned from the commission. Dr. Chapin fortunately remained on the building commission and when the structure reached a state of advancement requiring the constant watchful and directing care of experience, he was selected superintendent, in April, 1869. He was the man of all men in the State for the position, and entered on his duties with enthusiasm and devotion. There was unanimity of opinion as to the desirability and necessity for making provision for all the insane in the State institutions. It was claimed on the one hand that it was the speediest and best method of taking all the insane from the county establishments and placing them in State asylums, and that the Legislature would be more likely to make such provision universal, and that the adoption of this system as a permanent policy would result in the removal of all the insane from county care to one or more central institutions for incurables, while on the other hand it was maintained that it would be better to establish institutions of a general character in various sections of the State, to receive from defined districts the acute and chronic insane together. The system of separate institutions, however, was adopted, and in 1866, the Hudson River Hospital was authorized for the eastern part, and in 1869, the Buffalo Asylum for the western part of the State, and the three institutions were pushed forward together. Subsequently the Homœopathic State Asylum was established at Middletown, as a hospital for the reception of the insane generally, and still later the Inebriate Asylum, at Binghamton, was converted into an institution for the chronic insane supplementary to that at Willard. In the meantime, with the opening and organization of Willard, and during its develop-

ment, the counties not being fully relieved, the system of separate care was subsequently extended by authorizing the State Board of Charities to license counties to make special provision for the care of their chronic insane, and fifteen of the counties have made such provision. Thus the system adopted in New York for the care of the insane is partly by State and partly by county asylums.

From the beginning, as an assistant at Utica, and ever afterward, Dr. Chapin has always been a most earnest worker among the asylum men of this State for the universal care of the insane. His zeal, energy, and high capabilities as an executive officer have been conspicuous in the development of the Willard Asylum, and we believe that his experiment there has been carried to the highest point of success which could be expected of the system. That institution has reached a capacity of 1,800 patients, with several groups of buildings on a farm of about 1,000 acres. This is the largest number provided for in any State institution.

We repeat that we deeply regret the loss of Dr. Chapin from the State of New York. He is one of our foremost men, and is intimately identified with the progress in the care of the insane in the State for nearly thirty years. Dr. Chapin is a man of sound professional attainments, conscientious and painstaking in all matters of detail, and of determined purpose in the execution of what he undertakes. We can readily understand, however, the weight of the inducement which leads him to exchange the isolation of Willard for the social pleasures and other advantages of a great city like Philadelphia, and where he can be in full association with medical men, medical societies, libraries, schools, etc. At the same time our cordial wishes are with him for success in the new field to which he

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has been called, and we hope that he will be as thoroughly sustained in the further development of the Pennsylvania Hospital for the Insane, as he was at the head of the great institution in this State, which he conducted with such rare ability.

Appointment of Dr. Wise.—Dr. P. M. Wise, for several years assistant-physician at the Willard Asylum, has been appointed superintendent of that institution, vice Dr. John B. Chapin resigned. This action of the Board of Managers implies a recognition on their part of the value of experience as a prerequisite for the assumption of such important duties, and as such is to be highly commended. Dr. Wise has earned his promotion by long and faithful service as an assistant.

Appointment of Dr. Carson.—Dr. James C. Carson, for several years assistant-physician at the Willard Asylum, and more recently superintendent of the Institution for the Deaf and Dumb, New York, has been appointed superintendent of the State Asylum for Idiots at Syracuse, vice Dr. G. A. Dorin.

Appointment of Dr. Wiggington.—Dr. R. M. Wiggington has been transferred from the superintendency of the Wisconsin State Hospital for the Insane at Madison, to that of the Wisconsin Northern Hospital for the Insane at Oshkosh, upon the expiration of Dr. Kempster's term of service in the latter institution.

ABSTRACTS AND EXTRACTS.

HUMANITY'S BONFIRE.—Of the many sensational headings in which transatlantic newspapers allow themselves to indulge, that of "Humanity's Bonfire," which figures in the *Indianapolis Herald*, is not the least curious. The occasion of it is the destruction by fire of the instruments of restraint in use in the Indianapolis Asylum, of which Dr. W. B. Fletcher is the medical superintendent. A pile, twenty feet high, we are told, composed of cribs, fetters, halters, straps, and other mechanical means of restraint, was the material for an imposing bonfire, which the doctor invited his friends to witness. In terms as glowing as the fire itself, the narrative tells how, "in the presence of the rejoicing inmates and visitors, the torch was applied to the hideous pile, and the implements of restraint were consumed." The superintendent addressed the patients in terms of kindness, and they in their turn cried and shouted for joy, and blessed their benefactor. Prayer was offered by a clergyman. Major Gordon congratulated the asylum-managers on the event, and predicted a similar movement in prisons. The Rev. Oscar McColough said the first great fire in the world was the burning the Pope's Bull by Luther; the second, the burning of the Bastille; while the third was the burning of the instruments of restraint by Dr. Fletcher. The asylum closed these extraordinary services by singing the doxology. So far as this proceeding is an indication of a more humane treatment of the insane than that which obtains in some of the American asylums, we rejoice at it; but the account reads a little too much like a spasmodic effort to introduce a better system without a logical consideration of the whole bearings of the subject of the non-restraint of the insane. Every one knows that there are occasionally cases in the best conducted asylums, in which mild forms of restraint are the kindest modes of protecting the patient from injuring himself and others. The correct discrimination of such cases is not aided by fanaticism, nor yet by "Humanity's Bonfire," however excusable it may be, regarded as a reaction from an intolerable amount of cruel restraint such as appears to have existed at Indianapolis.—*Brit. Med. Journal*, August 16, 1884.

Monster County Lunatic Asylums.—We have had frequent occasion of late to animadvert on the unsatisfactory state of the law relative to private lunatic asylums, and we have observed with satisfaction in the signs recently forthcoming that the forbearance of the public in this particular is reaching its limit. But whilst fully alive to the importance of not relaxing our efforts in this direction, we can not shut our eyes to the fact that in a far different quarter—that, namely, of the public asylums—a state of things is arising serious enough to justify grave uneasiness, and even alarm. The tendency of late years has been for these institutions to be ever growing larger and expanding their borders, until they are assuming proportions altogether unwieldly; and we see cases in which from 1,500 to 2,000 insane individuals, *supposed to be patients*, are congregated under what is practically one roof, and under the care and control of one medical man.

Now if institutions of this magnitude are intended solely for the *care* of the insane, we have nothing to say against them; but, on the other hand, considered as *curative* establishments, their constitution is a delusion and a snare. To say that a certain number of recovered individuals are turned out annually from these institutions is beside the mark. Thanks to the *vis medicatrix naturæ*, cases will often recover when but a minimum of care and attention is bestowed on them. It does not admit of either question or dispute that from the large amount of administrative work necessarily devolving on the medical head of one of these huge establishments his medical functions are practically in abeyance. It is certainly little to the credit of the English lunacy system that the enormous mass of material that annually passes under the eyes of the medical staff of the asylums is almost wholly unutilised.

In saying this we give the explanation of the comparative stagnation of the special department of medicine under consideration, for whilst other branches of the art are advancing by leaps and bounds, psychological medicine, if not altogether stationary, manifests at best but a lame and halting progress. Let us not be misunderstood; we consider that the English county asylums are admirable institutions for the *care* of the insane, and in this regard reflect credit on their management; but as *curative* establishments they are by no means to be looked upon with equal favour. In truth, the great thing needed is the separation of the cure department from the care department of the insane; for whilst for the latter object large institutions are not harmful, and may be

necessary, the establishment of small lunatic hospitals is in many ways imperative for the former. Such institutions officered by able and earnest medical men would doubtless before long yield abundant fruit. The only possible objection to this view—the economic one—has not, we think, any weight. Granted that these small curative establishments might be more expensive than the average county asylums, the extra expense incurred might be, and would be, fully compensated, and perhaps more than compensated, by the saving effected on the chronic cases in the asylums reserved for their care. Such a division of labour would, we entertain no doubt, have far-reaching beneficial effects, and be highly conducive to the welfare of the patients; and in the long run we make no question but that many an individual might be thereby rescued from being a burden on the rates for a period bounded only by the term of his natural life.—*Lancet*, August 23, 1884.

Suicides.—No one can fail to be struck by the apparently increasing number of suicides. It may be that the total percentage of these distressing deaths upon the increment of the population has not increased, but it is beyond question that suicide, as a social calamity, has been thrust on our notice of late more than in remoter years. Until the statistical facts are made clear it would be idle to speculate as to the probable cause of this increase, if there be one. It is, however, not merely permissible, but politic, to bestow a passing glance on the subject as a whole. Suicides may be divided roughly into two great classes: those in which the self-slayers are intenionally conscious of what they are doing, and those in which they are either unconscious of their acts or perform them under distinct hallucinations or delusions of idea. This last class—which if not technically definitive will serve for our immediate purpose—is not, we think, a large one. Without hair-splitting, it may roughly be said that the great majority of those who kill, or try to kill, themselves in these modern times and in civilized communities are perfectly well aware of the nature of the act they are performing or attempting, and do the deed with a, so far, intelligent purpose of escaping from misery which seems unendurable, or because of some terror or shame that for the time overwhelms them. The law is mercifully interpreted for the sake of survivors; but, as a matter of fact, scarcely one in a hundred of the so-called cases of "temporary insanity" are

correctly so described. It is heart-breaking or brain-tearing trouble that makes men and women long to die or impetuously seek refuge in death, either in the belief that in dying they will sleep or that consciousness will end in eternal oblivion. We do not say that there is a clearly defined process of reasoning in all these cases, though in the majority we believe there is; but in very few instances indeed is the real inner feeling one which differs greatly from the yearning to escape—anywhere, anywhere out of this misery. The rate at which men and women live nowaday has something to do with this feeling. Boys and girls are men and women in their acquaintance with, and experience of, life and its so-called pleasures and sorrows, at an age when our grandparents were innocent children in the nursery. The young men of the day are *blasé* at two or three-and-twenty, the young women *ennuyée*. Life is played out before its meridian is reached, or the burden of responsibility is thrust upon the consciousness at a period when the mind can not in the nature of things be competent to cope with its weight and attendant difficulties. All this has been said before. There is not a new word or a new thought in it, and yet it is a very terrible and pressing subject. We can not give it the go-by. "Forced" education commenced too early in life and pressed on too fast is helping to make existence increasingly difficult. We are running the two-year-old colts in a crippling race, and ruining the stock. If able and impartial observers would make it their business to ascertain the facts about suicide, they would be doing a good and useful work. We believe, not without some data upon which to base our speculations, that suicide *is* increasing, and that the active cause of the evil is mind-weakness, the result of forced development and premature responsibility. Hasty and too early marriages, too anxious struggles for success in life, too hazardous ventures in business enterprise, the rush of undisciplined and untrained minds into the arena of intellectual strife, and, above all, that swinging of the self-consciousness—pendulum-like—between excess in rigor of self-control and untempered license, which constitutes the inner experience of too many, are proximate causes of the breakdown or agony of distress which ends in suicide. The underlying cause is impatience, social, domestic, and personal, of the period of preparation which nature has ordained to stand on the threshold of life, but which the haste of "progress" treats as delay. It is not delay, but development; albeit this is a lesson rash energy has yet to learn from sober science.—*Ibid.*, *September* 20, 1884.

Ergotin in General Paralysis.—Dr. Girma, assistant physician to the Asylum for the Insane at Pau, has lately (*L'Encéphale*, March and April, 1884,) made an important contribution to the therapeutics of general paralysis, by publishing his carefully recorded observations after the use of ergotin in this disease. All the cases in which the remedy was employed (eight) were benefited, and he claims a cure in one, in which the diagnosis of general paralysis admits of little or no doubt. While the suspicion of alcoholic excesses in this latter case suggested that pseudo-paralysis in which recovery often occurs, there were no special tremor of the extremities, no terrifying hallucinations of hearing and sight, no profuse sweating, neither were there, at the beginning, any of those sensory troubles which characterise the alcoholic false variety. The experimenter lays stress upon the early use of the drug, pointing out that the cases which he treated were far from favorable. When the disease is well established, the disorganization is not confined to the intellectual region of the cerebrum, properly so-called; and if they are more apparent in the frontal lobes and psychomotor regions, because of frequent meningeal adhesions, they are not exclusively localised there. They extend to the optic thalamus, the corpus striatum, the surface of the ventricles, the pons, &c., and even to the spinal cord and sympathetic ganglia, in the shape of foci of sclerosis causing atrophy, and serous infiltrations, giving rise to softening and disintegration of the nerve elements. Such ravages are, however, as Dr. Girma observes, often but the consequence of frequent congestive fluxes which manifest themselves clinically in various symptoms. And yet even when the disease is well-established, he has shown that these secondary congestions yield to ergotin, notwithstanding the probable existence of distorted thickened and almost impermeable capillaries, and the loss of their contractility in consequence of proliferation of the neuroglia. In one case, general paralysis was diagnosed early in its course, and it was possible to treat with ergotin the initial hyperæmia. While here again the certainty of the lesion was not absolutely established the presumption appears, from the symptoms, strongly in favor of the diagnosis made by the physician. Dr. Girma asserts that ergot, like all other agents, is powerless against the definitely established lesions of interstitial meningo-encephalitis; that it acts only by regulating the circulation in the nerve centers; that the treatment may be curative if the hyperæmia constitutes the entire malady, as one has a right to suppose it does

in the period of invasion; and that it would only be palliative when the congestive troubles have become fatal complications of an advanced period of the disease.

Certain results were constant in all his cases, such as, the rapid improvement of the general circulation, rendered appreciable by the modified pulse and the very apparent relief of surface congestion, and a general sedation made manifest by the return of outward calm, sleep, &c.

Other effects were more or less frequent. The embarrassed speech disappeared in four of the eight cases. In several cases this sympton recurred on suspension of the remedy—an intermittence which seems to the author to indicate that the embarrassment of speech, which by the way appears early, is not, for a long while at least, the result of a destructive lesion, but rather a simple functional disturbance, having its seat either in the region of the pons or in the speech center.

The absence of epileptiform and apoplectiform attacks during treatment, was noted in all cases, and these seizures were mild in character when they occurred, as they did in two cases, about a month after the suspension of the drug. It would appear, Dr. Girma observes, that the vascular apparatus had acquired a new power of resistance, that it had, so to speak, been held in check by the excito-motor property of the ergot, and that it was thus in constant antagonism with the morbid causes of the congestion. Its effect on the digestive organs is interesting. Seeing that constipation is very frequent in general paralytics, it follows, *à priori*, that anything which favors this condition should be avoided. Dr. Girma found, however, that far from increasing, it actually dissipated, constipation, and in two cases it caused diarrhœa. His explanation of this apparent anomaly is very feasible. In general paralytics in whom torpidity of the bowels is due to a certain degree of paresis, or simply atony of the intestine, excitation of its contractility must tend theoretically—and this was borne out in practice in the cases reported—to re-establish the normal physiological conditions and facilitate the alvine discharges, while the reverse result is obtained in those whose digestive functions are regular, owing to the exaggeration, by means of the ergot, of the normal contractility of the bowel.

In one case, the only one in which it was tried in a woman—the remedy was suspended because it seemed to suppress the menses. It is a fair question whether the ergot was responsible for this result, and the opinion of M. Duboué is cited as being to the

effect that spurred rye has no effect on menstruation, except that, in a few cases, it may hasten the menstrual epoch by a few days.

Dr. Girma asks if the areas of anæsthesia and analgesia as also the muscular contractions which were noted in one case, can be ascribed to ischæmia of the nerve centres or peripheral regions. He thinks not, and mentions the obvious indications for treatment, namely, the suspension or diminution of the drug till these phenomena cease. In a case in which a maximum dose of six grammes was attained, boisterous laughter replaced a precedent calm, and the caution is given to discontinue the remedy on the apparent indication of saturation. No case of gangrene occurred. In common with M. Duboué, Dr. Girma is of opinion that one may safely administer ergotin in daily doses of from two to four grammes over a period of three or four consecutive weeks, and perhaps longer.

He formulates his conclusions in the following *résumé:*

Ergotin, perseveringly used in doses varying from 50 centigrammes to 6 grammes a day, combats cerebral hyperæmia and various functional troubles which appear to be the direct result of the former (excitement, violent delirium, embarrassment of speech, insomnia). Administered in the initial (congestive) period, it seems to prevent the process of invasion of the neuroglia and may bring about the patient's entire recovery. At a more advanced period it still acts as a powerful sedative, is capable of preventing epileptiform and apoplectiform attacks, or at all events mitigates their severity. It regulates the digestive functions of general paralytics, far from inducing, as one might suppose, according to the usual effects of ergot, a state of constipation. In therapeutic doses of from two to four grammes, continued for three or four months, it does not appear to give rise to the grave phenomena of ergotism.

[Note by Dr. Girma. The preparations known under the name of ergotin, (aqueous extract of Ergot of Bonjean, alcoholic tincture of Ergot of Yvon, etc.,) are more easily administered to the insane, and may be even used in subcutaneous injections. For this reason we have given them the preference. If not actuated by these considerations one may use freshly powdered ergot which enjoys the same therapeutic virtues.]

Ballet on Exophthalmic Goitre.—The general results at which the author arrives after an inquiry into this subject are as follows:

1. To the classical symptoms of exophthalmic goitre (palpitations, swelling of the neck, tremor,) there are occasionally added others which, like them, are attributable to disorders of the nervous system.

2. These symptoms are on the one hand *convulsive* (epileptic or epileptiform attacks), or on the other *paralytic* (hemiplegia or paraplegia); also pretty frequently albuminuria, glycosuria, or simple polyuria may be observed.

3. These convulsive or paralytic complications appear to arise, not as the direct result of the Basedow's disease, but of another coincident neurosis (epilepsy, hysteria).

4. Sometimes certain convulsive phenomena (epileptiform attacks) seem intimately associated with exophthalmic goitre itself, and the special clinical conditions under which they are manifested authorise in us connecting them with disturbance of the cerebro-bulbar circulation, itself occasioned by perturbation of the action of the heart.

5. Among the paralytic disturbances some are of minor importance, such as the weakness of the hands, the temporary paresis of one or both upper extremities, and the feebleness of the lower limbs. They may be looked upon as directly dependent either upon the tremor, or on functional derangement of the cerebral circulation.

6. The polyuria, albuminuria, and glycosuria are probably more frequent than might be supposed from previous researches, and they indicate a derangement of the bulbar innervation.—*Brain*, July, 1884, from *Revue de Médecine*.

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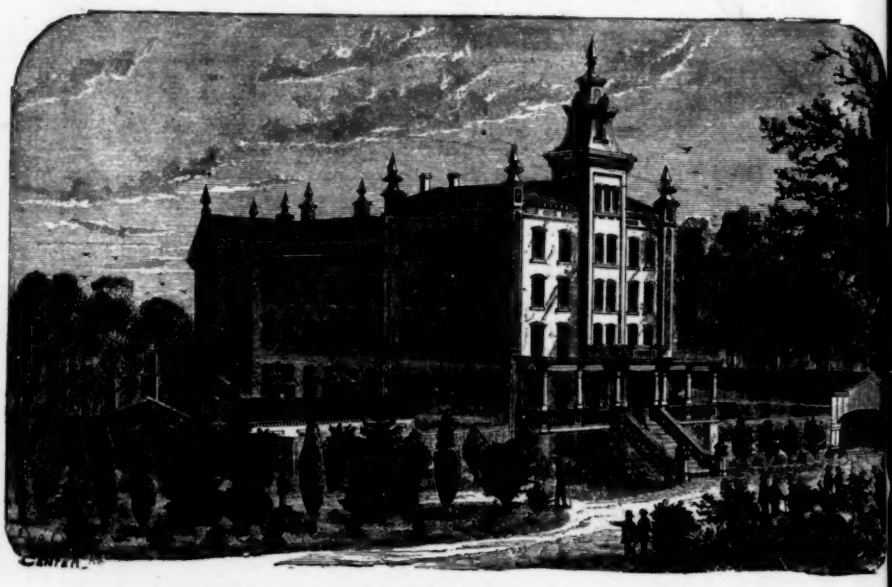

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